

PROCEDURES FOR YOUTH VOLUNTEERS

“WORTHY OF THE CALL”

If you are a youth between the ages of 14 and 17 and would like to volunteer in any parish or school in the Archdiocese of Baltimore you must complete the following steps:

1. Complete the attached “Worthy of the Call” application
2. Have all 3 references filled out and returned with application

References must be 18 years old or older

Family friend/neighbor/MAY NOT BE FAMILY MEMBER

Parent or Guardian

Teacher/Coach/Boss/MAY NOT BE FAMILY MEMBER

You may email, fax, mail, or drop it off to our office. (Faith Formation Office hours are Monday-Thursday 8:30am-4:30pm)

*Please remember that both child and parent must sign the application.

3. Attend a one hour “Worthy of Call” training video session - please call Office of Faith Formation 410-647-4892 to set-up an appointment. – *If student attends Archbishop Spalding they have most likely seen video, please have our office confirm.*
4. Review a copy of **A Statement of Policy for the Protection of Children & Youth**, <http://www.archbalt.org/about-us/child-youth-protection/policies/upload/AOB-Statement-of-Policy-STV-Revision-updated-July-2016.pdf> and review **the Code of Conduct for Church Personnel in the Archdiocese of Baltimore** <http://www.archbalt.org/about-us/child-youth-protection/code-of-conduct/index.cfm>

The process takes at least 2 weeks to complete and the child will be informed by email when they are approved.

Questions please contact the “Worthy of the Call” Coordinator in the Faith Formation Office.

ntrevey@stjohnsp.org

410-647-4832

Office of Faith Formation

669-B Ritchie Hwy.

Severna Park, MD 21146

Fax 410-431-8912

Office hours are Monday-Thursday 8:30am-4:30pm



APPLICATION FOR VOLUNTEER SERVICE

I. Contact Information

Title (if applicable): Br. Dr. Mr. Ms. Rev. Sr.

Last Name First Name Suffix

Other names Previously Used (if applicable) _____

Present Street Address _____

City State Zip

(_____) Home Work Mobile Other _____

Primary Phone

(_____) Home Work Mobile Other _____

Alternate Phone

Date of Birth: _____ (If Applicant is under 18 years)

Email Address of Parent/Guardian _____

Email Address of Applicant _____

Are you a member of a parish in the Archdiocese of Baltimore? Yes No

If yes, how long? _____ Parish Name _____ City _____

II. Volunteer Services

Parish Child Care Facility School Other _____

For what position(s) are you applying? _____

What interests you about the position(s)? _____

What has prepared you for the position(s) for which you are currently applying? _____

III. Volunteer/Work Experience

Have you ever applied for or served as a volunteer or employee in any parish, school, or institution within the Archdiocese of Baltimore?

Yes No If yes, which location (s): _____

Please list your volunteer/work experience with church/civic/non-profit organizations.

(Attach additional sheet of paper if necessary.)

Organization	Duties	Dates	Contact	Phone

Reviewed by: _____

IV. Archdiocesan Policy

1. Have you ever had your volunteer services or employment terminated by any parish, school, or institution? Yes No
2. Have you been terminated from volunteer service or employment due to suspected child abuse? Yes No
3. Have you ever been accused of physically, sexually or emotionally abusing a child? Yes No

If you answered YES to any of the above questions, please explain:

V. Education

Please list education, training and/or certifications received that are relevant to the position for which you are currently applying.

All volunteers must complete Section VI.

VI. References (3 required -- provide one in each category – must be 18 years or older – only one family member)

A. Personal/Family Friend/MAY NOT BE FAMILY MEMBER **

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number _____ Email: _____

How long have you known this person? _____

What is your relationship to this person? _____

B. Parent/Family Member

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number _____ Email: _____

How long have you known this person? _____

What is your relationship to this person? _____

C. Professional/Teacher/Civic Reference/Coach/MAY NOT BE FAMILY MEMBER *

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number _____ Email: _____

How long have you known this person? _____

What is your relationship to this person? _____

* If Previously volunteered or worked for the Archdiocese, this reference must be the applicant's most recent supervisor.

** If the reference's phone number or address is for a business, please include the name of the company.

VII. Agreement and Authorization

The Archdiocese of Baltimore appreciates your willingness to share your faith, gifts, and skills. Providing safe and secure programs is of utmost importance. The information gathered in this application is designed to help our parishes, schools, and institutions provide the highest quality Catholic programs for the people of our community.

- I have reviewed a copy of *the Code of Conduct for Church Personnel in the Archdiocese of Baltimore*.
- I have reviewed a copy of *A Statement of Policy for the Protection of Children & Youth* of the Archdiocese of Baltimore.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations is cause for rejection of my application or dismissal from my volunteer service.
- I agree to observe all of The Archdiocese of Baltimore guidelines and policies for the program in which I am applying.
- I understand that The Archdiocese of Baltimore takes all allegations of abuse seriously. I further understand that The Archdiocese of Baltimore cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I hereby authorize the Archdiocese and/or the above-named organization to conduct a personal and professional background check for the purpose of my application. They may contact references; past and current employers; churches, youth organizations, or agencies where I have provided volunteer service; and any other individual or organization that may have information relevant to my application.
- I hereby release all of the above stated entities and their agents from any and all liability in connection with providing information, investigating or evaluating my application.
- I waive any right that I may have to inspect any information provided about me in connection with this application.
- I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature

Date (MM-DD-YY)

Parent/Guardian Signature (if applicant is under 18 years)

Date (MM-DD-YY)

Parish/School: _____

Reviewed By _____

Date Received: _____ Date Submitted: _____ Date Approved: _____



**ARCHDIOCESE OF BALTIMORE
OFFICE OF CHILD AND YOUTH PROTECTION**

REFERENCE CHECK FOR VOLUNTEERS

_____ has applied to serve as a volunteer at St. John the Evangelist Roman Catholic Parish & School in Severna Park, MD. The Archdiocese of Baltimore and St. John have a strong commitment to supporting healthy ministry to children, youth, and other vulnerable individuals. For this reason, it is our policy to ask certain questions of all applicants for employment and volunteer work, and to the people whose names are provided as reference. Please check the appropriate response to the following questions.

1. To your knowledge, has the applicant ever been accused of, charged with, or convicted of child abuse? Yes No
2. To your knowledge, has the applicant ever been terminated from any volunteer service or employment due to suspected child abuse? Yes No
3. Are you aware of any reason why the applicant should not be placed in a position where he/she will be working with children and youth? Yes No
4. To your knowledge, is there any reason why the applicant should not serve as a volunteer in the Archdiocese of Baltimore? Yes No

If yes, please explain:

Relationship to the Volunteer: _____ **MAY NOT BE FAMILY MEMBER**

This reference must be signed and dated.

Name (Print)

Signature

Date

PLEASE RETURN THIS FORM TO:
St John the Evangelist Roman Catholic Parish, Attn: Shield Screening Coordinator
689 Ritchie Highway, Severna Park, MD 21146
Office: 443/261-0180, FAX: 443/261-0166, SHIELD@stjohnsp.org



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