

Youth Group Adult Volunteer Information Sheet
Church of Saint Joseph
95 Plumbrook Road, Somers, NY 10589
(914) 232-2910

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Do you have a son or daughter who regularly participates at Youth Group Meetings?

Please Circle: **Yes** **No**

If you circled yes, please list their name(s): _____

Did you previously fill out a background check form and receive safe environment training for another organization in our parish that you are currently an active volunteer for?

Please Circle: **Yes** **No**

If you circled yes, please state the name of the organization: _____

This form must be submitted to Fr. Lagiovane and Fr. MacDonald along with the Archdiocesan form for a background check before the adult volunteer can assist at any event or meeting with the Youth Group.

AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and "A Summary of Your Rights Under the Fair Credit Reporting Act," understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification. Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above. Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: **[PRINT CLEARLY]**

Church of Saint Joseph Somers, NY _____
 Parish/Institution Name City Institution #

Check **ONLY ONE** box – for the program you facilitate the most at the Parish/Institution that you listed above :

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Parish | <input type="checkbox"/> Misc | <input type="checkbox"/> Pre-School (stand alone) |
| <input type="checkbox"/> Religious Education | <input type="checkbox"/> High School Boys | <input type="checkbox"/> CYO-Sports |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> High School Girls | |
| <input type="checkbox"/> Agency | <input type="checkbox"/> High School Co-Ed | |

Adult Volunteer for the Youth Group _____
 Write your **Position** in the above program (e.g., Administrative/Secretary, Catechist, Teacher, Teacher's Aide, CYO-Basketball):

Check **ONLY ONE** box: Employee Volunteer Clergy-Diocesan Clergy-Extern Clergy-Relig Order

Legal Name: _____
 Prefix(e.g. Mr, Mrs, Ms) First Middle Last Suffix

Other name used (e.g., nickname, maiden name, religious name, or divorced name) _____

Current Address (NO PO Boxes) _____ Apt _____ City _____ State _____ Zip _____

Prior Address (NO PO Boxes) _____ Apt _____ City _____ State _____ Zip _____

Date of Birth* _____
 Month Day Year

*Date of Birth is **REQUIRED**; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

Social Security# (U.S. Issued Only): _____

SSN is **REQUIRED; If the individual is a foreign citizen and does not have an SSN, leave blank & attach a government issued picture ID to this form .

Daytime Telephone Number: (_____) - _____
 Area Code Number

Signature: _____ Date: _____

Parent's Signature (for minors): _____

Revised Form 9/2016

FAX OR SCAN FROM THE PARISH/INSTITUTION TO THE SAFE ENVIRONMENT OFFICE AT: (212) 421-1801

For Office Use Only
Received: ___/___/___
Entered: ___/___/___