



Volunteer Application

Today's Date _____

Name (First, Middle, Last)		Date of Birth	Telephone
Address (Street, City, State, ZIP Code)			County
Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #	
Other names (maiden name, etc)	Organization Represented (if applicable)	Driver's License # / State Issued	
Other affiliation with St. P.J.'s			

Volunteer Experience

Organization:	Responsibilities:	Last known contact:

What volunteer areas interest you?

Mentor Tutor Children's Activities Maintenance Special Events
 Coaching Admin/Clerical Donation Organization Thrift Store
 Other

If other please specify: _____

*** FOR TUTORS ONLY *** Education

Are you currently attending school? _____ Languages spoken: _____

Highest level of education completed? _____

Employment History

Presently Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Military <input type="checkbox"/>	Not Employed <input type="checkbox"/>
Present/Last Employer	Fr (mo/yr)	To (mo/yr)	
Address			
Occupation			
Prior Employment Company:			
Occupation:			

Emergency Contact Information

Name	Relationship	Telephone #
Address		

Please attach a copy of your driver's license and social security card



Volunteer Agreement

St. Peters-St. Joseph Children's Home volunteer application includes completion of a one hour volunteer information session. During this session volunteers will learn about the agency requirements, and guidelines and opportunities will be explained. A tour of the campus will be given, and a short, mandatory presentation on sexual misconduct will be required.

All questions and concerns about St. PJ's volunteer process may be addressed to:

Belinda Cox
Volunteer/Special Event Coordinator
hcox@stplhome.org
210-531-8592

I understand and agree to the above information.

Printed Name _____

Signature _____

Date _____

References

Please provide three personal references.

- Only one reference can be from a relative
- At least one reference must be from someone other than a friend or co-worker (i.e., minister, teacher, employer, etc.)

Name: _____

Relationship: _____

Contact Information: _____

PARENTAL / GUARDIAN PERMISSION (if under 18 years old)

I agree to allow my son/daughter, _____ (name), to participate as a volunteer at St. PJ's Children's Home. I understand that he/she will need to be supervised by a parent or guardian when volunteering. I understand that I will be contacted in case of emergency or misconduct on behalf of my child.

Printed Name: _____

Date: _____

Signature: _____

***Please attach a copy of your driver's license



Confidentially Policy for Volunteers

Volunteers will not discuss with or release ANY information or photographs regarding the children at St. PJ's Children's Home to ANYONE outside of the organization. This includes, but is not limited to, the name, physical description, family history, story of abuse, or medical problems of any child at St. PJ's Children's Home.

The very fact a child is cared for at St. PJ's Children's Home must be kept confidential. This means employees, consultants, volunteers, interns, etc. shall not disclose any information about a person, including the fact that the person is at St. PJ's Children's Home, to anyone outside the organization.

Printed Name

Signature

Date

Abuse/Neglect Responsibility Statement

As a volunteer of St. PJ's Children's Home, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-5400 and to the volunteer coordinator. In accordance with state law, St. PJ's Children's Home reports information about abuse or neglect of children to the proper authorities.

Printed Name

Signature

Date

Contractor Affidavit Regarding Civil and Criminal History

1. Have you ever been convicted of a felony or a misdemeanor? ____ Yes ____ No
If yes, give details including date, place, nature of conviction and disposition.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? ____ Yes ____ No
If yes, give details, including the type of charge.

3. Have you ever been or are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? ____ Yes ____ No
If yes give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame.

I hereby declare the information provided in this statement is true and correct. I also agree to inform St. PJ's if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am ever investigated for offenses as described in item 3 of this section. I acknowledge that background checks are required prior to volunteering and every two years in order to continue volunteer and authorize St. PJ's Children's Home to perform the required background checks.

Printed Name

Signature

Date

Drug Policy

A prospective volunteer's consent to submit to random drug testing is required as a condition of acceptance. A prospective volunteer's refusal to consent to a drug test will result in denial of their request to volunteer. If a volunteer refuses to consent to a drug test, they will no longer be allowed to volunteer.

The use, possession, sale, transfer, purchase, or being under the influence of drugs by volunteers at any time while on St. PJ's Children's Home premises or while on St. PJ's Children's Home business is prohibited. Volunteers must not report for duty or be on St. PJ's Children's Home property while under the influence of drugs, or have any drug in their possession while on St. PJ's Children's Home property. For the purposes of this policy, the term "drug", wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants and illegal drugs. A volunteer who is tested because there is "good cause to believe the volunteer may be abusing drugs," will not be allowed to volunteer until the receipt of written test results and further inquiries that may be required.

Testing positive to drugs, alcohol or controlled substances or refusing to submit to such tests could result in immediate termination of volunteer status.

Any volunteer or prospective volunteer who believes their results are erroneous, may contact the laboratory for verification of the results.

TB Skin Testing

Effective January 1, 2007, all persons over the age of one year old who live, work or volunteer at St. PJ's Children's Home must be screened for tuberculosis as recommended by the Center for Disease Control (CDC). A copy of medical documentation of results of TB screening, chest radiograph, and/or treatment (if treatment is required) must be maintained in the person's file at the site where the person lives, works or volunteers.

I have read and understand the above policies.

Printed Name

Signature

Date

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

CCL

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)	Operation Mailing Address (City & Zip)	County

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

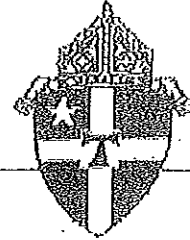
I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator _____ Signature of Director, Owner, or Operator _____ Date _____

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Relationship of person to requestor			
<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Director	<input type="checkbox"/> Foster parent
<input type="checkbox"/> Other Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other:
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.)	First Name	Middle Name	Last Name

DFPS Use Only	Worker Name--Last, first	Mail Code

THE ARCHDIOCESE OF
SAN ANTONIO



Human Resources Office
2718 West Woodlawn Avenue
San Antonio, Texas 78228-5195
Phone: (210) 734-2620 Fax: (210) 734-1919

CRIMINAL BACKGROUND SEARCH AUTHORIZATION & RELEASE FORM

Please print as neatly as possible and fill out both sides. Illegible forms will be returned.

Name: _____
 First Middle Last

Other names used: _____

Current address: _____
 Street City State Zip

List every city and state you have lived in the past 10 years:

Daytime phone #: _____ Other phone #: _____

Driver's license #: _____ State: _____ Date of birth: _____

Name of Parish or Agency: St Peter-St Joseph Children's Home

Volunteer Position or Job Title with *St Peter-St Joseph Children's Home* :

FOR OFFICE USE ONLY: This individual is clear of criminal records _____ This individual is not clear of criminal records _____ Comments: _____ _____

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) YES NO

If you answered "YES", please attach a separate piece of paper giving full details of the event.

Please read the following paragraphs carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Services and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____

Date: _____

Revised 8/24/2008

**** Attach a copy of your driver's license and social security card ****

St. Peter-St. Joseph Children's Home

919 Mission Road, San Antonio, TX 78210

Volunteer Agreement and Release from Liability

By signing this form, I understand and agree to the following terms and conditions related to volunteering my services to St. Peter-St. Joseph Children's Home. I am aware that this is a release of liability and I sign it of my own free will.

I recognize that, as a volunteer, I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization. *Please initial here: _____*

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). *Please initial here: _____*

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Volunteers will not discuss or release ANY information nor will I take photographs regarding the children at St. PJ's Children's Home to ANYONE outside of the organization. This includes, but is not limited to the name, physical description, family history, story of abuse, or medical problems of any child at St. PJ's Children's Home. *The very fact that a child is cared for at St. PJ's Children's Home must be kept confidential. This means employees, consultants, volunteers, Interns, etc. shall not disclose any information about a person, including the fact that the person is at St. PJ's Children's Home, to anyone outside the organization.* *Please initial here: _____*

As a volunteer of St. PJ's Children's Home, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-6400 and to the volunteer coordinator. In accordance with state law, St. PJ's Children's Home reports information about abuse or neglect of children to the proper authorities. *Please initial here: _____*

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. *Please initial here: _____*

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. *Please initial here: _____*

I agree that my assignees, heirs, distributors, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release St. Peter-St. Joseph Children's Home from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. *Please initial here: _____*

I or parent/guardian of minor gives St. Peter - St Joseph Children's Home the unlimited authority to use and publish in any locality the film, recordings and/or photographs taken of me or minor in whole or in part and authorize use of my name in any form of advertising or publicity. I or parent/guardian of minor have fully read and understand the above and acknowledge this constitutes a full agreement between me and St. Peter - St Joseph Children's Home and its affiliates, and I will not receive any compensation for the foregoing in the future from St. Peter - St Joseph Children's Home or any other source. *Please initial here: _____*

I have carefully read this agreement and fully understand its contents. Date: _____

Volunteer's Name: _____ Signature: _____

Volunteer's Address: _____
Street City Zip Code

Volunteer's Phone: (home) _____ (cell) _____

Volunteer's Email: _____