

## Diocese of Metuchen, New Jersey Volunteer Application

Date of Birth:		_
_		
City:	State: _	Zip:
-		
Work ()		
_		
Town	l	For how long?
Address		
	Date of Birth:  City:  Work ()  Town  Address	Date of Birth:  City: State:  Work ()

<u>NOTICE</u>: If you are applying for a position where you will have direct contact with a child or children under the age of 18 years in more than one instance; or where you will engage in an overnight activity with a child or children under the age of 18, even in one instance; or where you will have contact with adults who are senior citizens or who have physical or mental limitations, you shall be subject to a criminal history background investigation before your volunteer services begin.

## **Volunteer Applicant Consent Form for a Criminal History Background Investigation**

## Please review the following information carefully and sign below where indicated.

I, [] certify and declare under penalty of perjury under State and Federal
law that the information contained in my Volunteer Application submitted to the Diocese of Metucher (the " <b>DIOCESE</b> ") is complete, true and accurate. I understand that falsification or omission of any requested information may result in immediate termination of my volunteer position or activities.
I understand that as part of my volunteer application process and as part of my volunteer activities, a criminal background investigation may be performed on me. In consideration of the <b>DIOCESE</b> ' review of my application to volunteer and/or my continuing volunteer activities, I now consent to an allow the <b>DIOCESE</b> , or its authorized agents bearing this release or copy of this release, to perform a criminal and personal background investigation on me. I also authorize them to contact any pass church, youth organizations, agencies where volunteer service have been completed, and any individual or organization which might be relevant to my desired volunteer position. Such individuals and organizations are authorized to release such information as may be requested by Diocesan/Parish personnel.
I authorize all persons and organizations, including law enforcement agencies and Courts that may have information concerning this background investigation, to disclose such information to the <b>DIOCESE</b> of its authorized agents. I hereby release the <b>DIOCESE</b> , its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this investigation. I hereby further authorize that a photocopy of this authorization may be considered a valid as the original.
I understand that the Diocese of Metuchen and Parish have a "ZERO TOLERANCE FOR ABUSE policy and that they take all allegations of abuse seriously. I further understand that they will cooperate fully with the authorities to investigate all claims of abuse. A claim of abuse of any child or any vulnerable adult, including any person who is elderly or has physical or mental limitations, are ground for immediate termination of my service.
I further attest that I will read and abide by the Diocesan, Pastoral Code of Conduct when working with minor children and vulnerable adults.
Signature of Volunteer Date
Printed Name