



Mount de Sales Academy

Application for Volunteer Services

700 Academy Road • Catonsville • MD • 21228 • t 410.744.8498 • f 410.747.5105 • www.mountdesales.org

Title: Br. Deacon Dr. Mr. Ms. Mrs. Rev. Sr.

Last Name First Name Suffix

Other Names Previously Used (if applicable)

Present Street Address

City State Zip

Primary Phone # Home Work Mobile Other

Alternate Phone # Home Work Mobile Other

Volunteer Services

Parish Child Care Facility School Other

Site Name

What position(s) are you applying for? _____

What interests you about this position? _____

What has prepared you for the position for which you are currently applying?

Volunteer / Work Experience

Have you ever applied for or served as a volunteer or employee to any parish, school, or institution within the Archdiocese of Baltimore? Yes No If yes, which location(s)? _____

Organization	Duties	Dates	Contact	Phone

Please list your volunteer/work experience with church/civic/non-profit organization. (Attach additional sheet of paper if necessary).

School Policy

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

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

Education

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

References (please provide one for each category)

All volunteers with substantial contact with minors and/or those who are designated by the Responsible Administrator must complete this section.

Reference	Address (Street, City, State, Zip)	Daytime Phone	How long have you known this person?	What is your relationship to this person?
Personal*				
Family Member / Other Personal				
Professional / Civic				

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

Mount de Sales Academy 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 received and reviewed a copy of the Code of Conduct for Church Personnel in the Mount de Sales Academy. I have received and 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 Mount de Sales Academy guidelines and policies for the program in which I am applying. I understand that Mount de Sales Academy takes all allegations of abuse seriously. I further understand that Mount de Sales Academy 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 Mount de Sales Academy 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's Signature

Date (MM-DD-YYYY)

Office use only

School

Received by

Date Received

Date Submitted

Date Approved