

Volunteer at: \_\_\_\_\_ Date: \_\_\_\_\_

City/Town: \_\_\_\_\_

**DIOCESE OF FALL RIVER**

Office of THE BISHOP

**QUESTIONNAIRE FOR ALL VOLUNTEERS**

*(Please Print)*

**Please answer all questions as fully and accurately as possible. Your answers shall be treated with the greatest respect and confidence.**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (Work): \_\_\_\_\_

If you have resided at the above listed address for less than five years, please list your previous address(es):

\_\_\_\_\_  
\_\_\_\_\_

Has a **criminal** complaint ever been filed against you, which alleged sexual abuse/misconduct or any form of child abuse by you; or which alleged your participation in or facilitation of such activities?

Yes       No

Has a **civil** complaint (such as a report to DCF or any child welfare agency) ever been filed against you which alleged sexual abuse/misconduct or any form of child abuse by you; or which alleged your participation in or facilitation of such activities?

Yes       No

If yes to either, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER →**

Please **read** each statement and **initial** next to each statement to indicate agreement:

\_\_\_\_\_ The information I have provided on this questionnaire is accurate to the best of my knowledge and I understand that failure to provide accurate information may result in the inability to volunteer for the Diocese of Fall River.

\_\_\_\_\_ This is to acknowledge receipt of a copy of the *Abuse Prevention Policies & Procedures* book. My signature indicates that I have received and reviewed the aforementioned policies.

\_\_\_\_\_ This is to acknowledge I have attended the training on the policy of the Diocese Of Fall River, and the law as it relates to child abuse, conducted by a representative from Catholic Social Services Office for Child Protection, my Director of Religious Education, or the principal of the school at which I am volunteering.

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**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Employee  Volunteer at: \_\_\_\_\_  
*Name of parish, school or site*

City/Town: \_\_\_\_\_

Date: \_\_\_\_\_