

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:

PRESENT EMPLOYMENT:

Employed by: _____ How long: _____

Telephone #: _____ Position: _____

Contact person: _____ Title: _____

PREVIOUS EMPLOYMENT:

Employed by: _____ How long: _____

Telephone #: _____ Position: _____

Contact person: _____ Title: _____

Reason for leaving: _____

OVER →

Date: _____

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

Yes No

Do you presently serve, or have you served, as a volunteer for any organization, entity, or group in which you had significant contact with children?

Yes No

If yes, please provide the name, address, and phone number of the organization and supervisor's name.

Please provide two local references (only *one* may be an immediate family member).

1. Name: _____ Telephone #: _____

Address: _____

2. Name: _____ Telephone #: _____

Address: _____

Please note any community affiliations, clubs, service organizations, parish, or other Catholic institution(s) with which you are employed or provide volunteer services or are seeking to provide such services:

The information I have provided on this questionnaire is accurate to the best of my knowledge and may be verified by the Catholic Diocese of Fall River.

I understand and authorize the Diocese of Fall River to conduct a background investigation which will include a check with any past employers, a criminal record check, as well as an interview with my character references. I understand that this information will be kept confidential.

Printed name: _____

Signature: _____

Date: _____

Date: _____

This is to acknowledge receipt of a copy of the *Abuse Prevention Policy and Procedures* book.

My signature indicates that I have received and reviewed the aforementioned policies.

Name: _____

Signature: _____

Employee Volunteer at: _____
Name of parish, school or site

City/Town: _____

This is to acknowledge that 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 of Child Protection and/or my Director of Religious Education.

Name: _____

Signature: _____

Date: _____