



Diocese of Albany
40 North Main Avenue
Albany, NY 12203
Tel. (518) 453-6600
Website: www.rcda.org

VOLUNTEER APPLICATION

This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

**PLEASE COMPLETE THE APPLICATION IN FULL AND PRINT ALL REQUIRED INFORMATION LEGIBLY
— THANK YOU! INFORMATION ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.**

Date _____ Type of Service _____

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Address (Street Number) _____ City _____ State _____ Zip _____

() Telephone Numbers _____ Day _____ Evening _____ E-mail Address _____

Are You 18 Years or Older? Yes _____ No _____

What volunteer position are you applying for? _____

What do you expect your actual duties to be? _____

What is your connection to this program? _____

Have you ever been convicted of a crime? Yes ___ No ___ If yes, give details: _____

Has there ever been a finding against you involving child abuse or maltreatment? Yes ___ No ___ If yes, give details: _____

Please note: A conviction is not an absolute bar to volunteer service but will be considered before accepting offers of service.

References

Name _____

Address _____
(street) (city) (zip) (e-mail)

Phones: (Daytime) _____ (Evening) _____

How do you know this person? _____

How long have you known this person? _____

Name _____

Address _____
(street) (city) (zip) (e-mail)

Phones: (Daytime) _____ (Evening) _____

How do you know this person? _____

How long have you known this person? _____

Name _____

Address _____
(street) (city) (zip) (e-mail)

Phones: (Daytime) _____ (Evening) _____

How do you know this person? _____

How long have you known this person? _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS VOLUNTEER APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS TO DENY ANY OFFER OF SERVICE AND/OR END ANY CURRENT SERVICE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE PERTINENT INFORMATION. I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO BACKGROUND SCREENING AND TO ATTEND THE "SAFE ENVIRONMENT" PROGRAM REQUIRED BY THE DIOCESE OF ALBANY.

(Signature)

(Date)