



# Volunteer Ministry Application



Thank you for volunteering your time and talents to serve in ministry in the Diocese of Fort Worth. Your completed application will be reviewed carefully, but its receipt does not imply that you will be accepted as a volunteer minister. The Diocese of Fort Worth, in its sole discretion and (where applicable) in consultation with the parish/school, decides who may officially minister in the Catholic Church. Incomplete answers on this application may result in no offer of ministry.

After this application is reviewed, an interview will be scheduled with the appropriate ministry leader or other designated person. All volunteers participating in an official ministry within the Diocese of Fort Worth are required to attend a Safe Environment Awareness Session and agree in writing to abide by the Diocesan Code of Conduct & Behavior Standards for All Clergy, Religious and Lay Ministers. The last step in the review process of your application for volunteer ministry requires you to successfully complete a Criminal Background Check.

Your signature and initials in the appropriate places on this application are required prior to processing your application. Please complete all 4 pages of this application form and return it to your parish/school Safe Environment Coordinator.

## I. Contact & Personal Information

Full Legal Name (printed): \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Nickname(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Length at Current Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver License: State \_\_\_\_\_ Number \_\_\_\_\_

Check here if you have had a criminal record check with the Diocese of Fort Worth in the past three years. Approximate date of background check: \_\_\_\_\_

## II. Volunteer Experience

Please list your volunteer experiences with current and previous dioceses, parishes and church organizations, with other civic or non-profit organizations, and particularly volunteer experience with youth organizations (use additional sheet if needed).

Organization	Duties	Dates	Contact	Phone/Email

**III. References**

Reference Name Professional/Civic/Personal (not family members)	Address City, State, Zip	Daytime Phone & Email	How long have you known this person?	Has this person agreed to provide a reference?

**IV. Questions** (use additional pages if necessary)

1. What parish are you currently attending and/or registered with? \_\_\_\_\_
2. For **liturgical** volunteers only
  - a. Are you a Catholic in good standing? Yes  No
  - b. Have you received all of your sacraments? Yes  No
  - c. If married, were you married by a priest or deacon in the Catholic Church? Yes  No
3. Has any parish, school, facility, organization, or faith community terminated or refused your volunteer service? Yes  No  If, yes, please explain? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you ever been accused of physically, sexually, or emotionally abusing a child? Yes  No   
 If, yes, please explain? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Have you ever had your parental rights restricted, suspended or terminated? Yes  No  If, yes, please explain? \_\_\_\_\_
6. Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse or sexual harassment? Yes  No  If, yes, please explain? \_\_\_\_\_  
 \_\_\_\_\_
7. What is the volunteer role for which you are applying? \_\_\_\_\_
8. Why are you applying for this volunteer role? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. What gifts and talents do you bring to serve in this role? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. List your previous training and education that will enhance your ability to serve.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. What do you intend to accomplish by your involvement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Are there any time constraints that affect your ability to volunteer throughout the next year?  
 Yes  No  *If, yes, please explain?* \_\_\_\_\_

**V. Educational history**

Dates (Start with most recent)	School Name & Address City, State Zip	Type of School	Name of Program/Degree	Program Completed?
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

**VI. Employment history**

Dates of Employment (Start with most recent)	Company Name & Address, City, State Zip	Immediate Supervisor Name & Phone	Position Held	Reason for Leaving
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

**VII. In addition to English, are you fluent in any other languages? (Check all that apply)**

Spanish  Vietnamese  Sign Language  Other (specify) \_\_\_\_\_

**VIII. Authorization for Background & Reference Checks**

The Diocese of Fort Worth appreciates your willingness to share your faith, gifts and skills. The information gathered in this application is designed to help us assure that we are providing the highest quality programs for the people of our community. **Please read and check each box of the statements below.**

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my volunteer involvement.
- I hereby authorize the Diocese and/or its agent to conduct a personal and professional background check for the purposes of my application to serve as a volunteer. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to the Diocese and/or the authorized agent of the Diocese any information concerning my employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information.
- I grant the Diocese permission to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of reviewing my application to be a volunteer and to investigate all statements contained in the application.
- I agree to conduct myself according to the Code of Conduct and other policies of the Diocese.
- I hereby waive any right that I may have to inspect any information provided about me by references or any representative of organizations and entities previously mentioned in this application or a personal interview.
- I understand that the Diocese has a ZERO TOLERANCE Policy for child abuse and takes all allegations of child abuse seriously. I further understand that the Diocese cooperates fully with the authorities to investigate all cases of alleged child abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- I understand that I can withdraw from the application process at any time.
- I understand and agree that false statements and/or omissions regarding past conduct and/or present situations may result in denial of this volunteer application and that refusal to inform the Diocese of the contents of a sealed criminal record will result in the automatic denial of the application.
- My signature indicates that I have read and understood the above stated information within this release and am signing below of my own free will.

Applicant Signature: \_\_\_\_\_

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

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



This form may not be altered

Primary parish/school location: \_\_\_\_\_

## Authorization for Release of Information

All employees/volunteers/seminarians and certain independent contractors seeking to serve in the Catholic Diocese of Fort Worth (hereinafter "Diocese") must satisfactorily pass a thorough background check as a condition of employment, service, or candidacy. You must complete and sign this Authorization for the Diocese to perform the background check, investigative background check, credit check, or driving check.

Complete this form with the requested information, including your name as it appears on your government issued identification card, such as your Driver's License or Passport. This form may not be altered.

Last Name	Middle Name	First Name	Suffix	Other Names	Sex
Maiden Name	Birth Date (MM/DD/YYYY)	SSN <small>(Required <u>only</u> if employee &amp; those with any financial responsibility eg. money counters)</small>	Email Address	Phone	

**Provide home addresses for the past seven years, most recent first:** (Use back of this form if necessary)

Street, Apt. #	City	State	Zip	County	# of years at this location

### **CRIMINAL HISTORY: THIS INFORMATION WILL BE VERIFIED**

- Have you ever been convicted of a felony?  No  Yes
- Have you ever entered a plea of "Guilty" to a felony?  No  Yes
- Have you ever entered a plea of "No Contest" to a felony?  No  Yes
- Have you ever been placed on a "Deferred Adjudication" to a felony?  No  Yes

**Please discuss with your pastor/supervisor** any circumstance(s) or fact(s) about you or your background which could call into question your being trusted with the supervision, guidance, education and/or care of children and young persons. If you answered "Yes" to any of the above questions, please explain: (use additional page if necessary)

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### **Federal Law provides the legal authority for an individual to authorize an extensive background check.**

- I understand the Diocese may request information concerning criminal, work, and volunteer history from various public and private sources and from one or more consumer reporting agencies.
- I understand any such investigative or consumer report could include information as to my character, work habits, performance, and experience, along with reasons for termination of employment and/or volunteer assignments.
- I understand that the Diocese may request and obtain a driving record and/or credit check from one or more consumer reporting agencies.
- I understand information may be obtained from sources indicated above and will be reviewed by Diocesan officials in strictest confidence and may not be revealed to me or anyone except as required by law.
- I understand false statements or omissions regarding past conduct or present situations may be grounds for denial of employment, service, or candidacy in the Diocese, or immediate dismissal therefrom.
- I understand this authorization and release is valid and may continue to be used as long as I am in service to the Diocese and that if I rescind said authorization I will immediately cease to be of service.
- I understand I am entitled, upon request, to receive additional information as is available concerning the nature and scope of any information requested.
- I understand I am entitled to a copy of the consumer report obtained if information from the report will be used in making an adverse decision concerning my employment or service to the Diocese.
- I acknowledge that any photographic or electronically scanned copies of this release authorization shall be as valid as the original.

**By my signature below, I hereby:**

- Attest and affirm that nothing in my background should prevent me from serving in the Diocese.
- Understand that the Diocese reserves the right to modify the aforementioned policy terms/conditions at any time without notice.
- Give permission to and request the Diocese and its authorized employees and agents to obtain, conduct and re-conduct criminal background checks, arrest record checks, abuse registry checks, employment checks, volunteer service checks, credit checks, driving record checks, and any consumer reports.
- Authorize and request that all previous employers, law enforcement agencies, administrators, state agencies, institutions, information services, consumer reporting agencies, and other public or private entities which may possess the above-mentioned information to furnish such information about me to the Diocese.
- Instruct any consumer reporting agency to furnish a consumer report relating to me, the consumer under the Fair Credit Reporting Act, to the Diocese.
- Agree that any consumer report received by the Diocese in accordance with this Authorization for Release of Information that relates to me is obtained and used for a permissible purpose under the Fair Credit Reporting Act.
- Agree to and do release the Diocese, its bishop, successor bishops, parishes, schools, and affiliated entities, and all of their priests, employees, agents, and volunteers, and all persons, agencies, and entities providing information or reports about me, from any and all liability arising out of the request for and use of the above-mentioned information or reports for its intended purpose or for any other purpose.
- Acknowledge that I have received, read, and understand the Fair Credit Reporting Act Background Check Disclosure and the Summary of Rights Under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License # State

*(Required: Driver's Lic. # & State)*

\_\_\_\_\_  
Date

**Parent/Guardian Acknowledgment and Authorization of Background Investigation/Check, Motor Vehicle/Driving Check, and Credit Check**

As the parent/guardian of \_\_\_\_\_, a minor, I understand the purpose of the background check(s) in the process for application for seminary sponsorship is to assist the Diocese in making a determination as to the applicant's eligibility and suitability, I hereby agree to all of the statements, attestations, instructions, authorizations, acknowledgments and agreements set out above for myself and on behalf of my minor child, and I hereby provide my express consent for such background checks of the minor to be conducted by the Diocese.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Authorization to Obtain Consumer Reports Under the Fair Credit Reporting Act**

I acknowledge that I have received and read the *Fair Credit Reporting Act Background Check Disclosure* and *A Summary of Your Rights Under the Fair Credit Reporting Act*, and this authorization. I certify that I understand the documents I have received.

I hereby instruct any consumer reporting agency to furnish one or more consumer reports or investigative consumer reports relating to me to the Diocese of Fort Worth.

I hereby authorize and instruct the Diocese of Fort Worth or its authorized agents, for employment purposes, service inquiry purposes (voluntary or otherwise), pursuant to these written instructions, and/or for any other permissible purpose, to obtain or prepare consumer reports and investigative consumer reports at any time after it receives this authorization, including any time during my employment with or service to the Diocese of Fort Worth.

I hereby authorize and instruct consumer reporting agencies, law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities possessing information relating to me, to provide any and all information that is requested by any consumer reporting agencies (including CoreScreening) or the Diocese of Fort Worth.

I certify that the information provided on this form is true and correct. I understand that any information that I provide in an employment application, volunteer application, or that I otherwise disclose to the Diocese of Fort Worth may be used to obtain consumer reports and investigative consumer reports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date of birth  
*(This information is for background check purposes only)*

\_\_\_\_\_  
Driver's license state and number

\_\_\_\_\_  
Home address

\_\_\_\_\_  
Former address

\_\_\_\_\_  
Date

### **Fair Credit Reporting Act Background Check Disclosure**

In accordance with your written instruction or request, in connection with your employment application or inquiry to volunteer or serve in the Diocese of Fort Worth (the "Diocese"), and/or for any other permissible purposes, the Diocese will obtain information about you from a consumer reporting agency. This information will be in the form of consumer reports, and may also be in the form of investigative consumer reports.

These reports may be obtained at any time after the Diocese receives authorization from you, including any time during the period of your employment, if the Diocese hires you, or the period of your service, if permitted by the Diocese.

Consumer reports include any written, oral, or other communication of information by a consumer reporting agency bearing on your credit standing, character, general reputation, personal characteristics, and/or mode of living. Consumer reports may include credit reports, criminal records or history, verification of your education or employment history, and driving records, among other resources or background checks.

Investigative consumer reports include similar information as consumer reports, which are obtained through personal interviews with those who are acquainted with you or who may have knowledge of any relevant information about you.

CoreScreening, or another consumer reporting agency, will obtain the reports for the Diocese.

You have the right to request information from the Diocese about the nature and scope of any investigative consumer report on you that is requested by the Diocese. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

A summary of your rights under the federal Fair Credit Reporting Act (FCRA) is being provided to you with this disclosure.



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



DIOCESE OF FORT WORTH

Ministry Volunteer Reference Check

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

Reference's Phone #: \_\_\_\_\_

Reference's Email Address: \_\_\_\_\_

**The volunteer applicant named below has applied for a position of trust working with children and youth, the elderly, the economically disadvantaged, and/or other vulnerable people in our parish community. The applicant has given your name as a reference and waived his/her rights provided by the Family Education Rights and Privacy Act of 1974 to inspect this letter of reference. Your assessment of the person will help us in guiding his/her involvement as a ministry volunteer. The information you give will remain confidential. Thank you.**

Applicant's Name: \_\_\_\_\_

1. How long have you known the applicant and in what capacity?
  
2. Have you ever observed the applicant working with children? Yes \_\_\_\_ No \_\_\_\_  
If yes, what did you observe?
  
3. Have you ever observed the applicant working with the elderly? Yes \_\_\_\_ No \_\_\_\_  
If yes, what did you observe?
  
4. Have you ever observed the applicant working with economically-disadvantaged people?  
Yes \_\_\_\_ No \_\_\_\_ If yes, what did you observe?
  
5. What age group(s) do you think the applicant is best able to serve?
  
6. What talents/gifts would the applicant be able to bring to their ministry?
  
7. Do you feel this applicant has any problems or limitations which would impede his/her volunteering in ministry?

8. Please rate the applicant on the following characteristics (1=weak, 5=strong, NK=no Knowledge)

	1	2	3	4	5	NK
Relates well with children and/or youth						
Relates well with adults						
Reliability						
Ability to work with a team						
Ability to express oneself						
Ability to take criticism						
Sense of confidence in self						

9. To the best of your knowledge (please circle yes or no):

Have there been complaints about the applicant behaving improperly with minors? Yes No

Have there been complaints about the applicant behaving improperly with adults? Yes No

Have there been allegations of abuse against the applicant? Yes No

Has the applicant been disciplined or terminated from a position working with minors due to inappropriate behavior or abuse? Yes No

10. Would you trust the care of your children or your senior parent to this person? Yes No

11. In your opinion, are there any reasons why placing vulnerable clients in the care of the applicant would expose the clients to undue risk or harm?

The information I have given is accurate to the best of my knowledge.

Printed Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



DIOCESE OF FORT WORTH

Ministry Volunteer Reference Check

---

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Reference's Address: \_\_\_\_\_

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If yes, what did you observe?
3. Have you ever observed the applicant working with the elderly? Yes \_\_\_\_ No \_\_\_\_  
If yes, what did you observe?
4. Have you ever observed the applicant working with economically-disadvantaged people?  
Yes \_\_\_\_ No \_\_\_\_ If yes, what did you observe?
5. What age group(s) do you think the applicant is best able to serve?
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The information I have given is accurate to the best of my knowledge.

Printed Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





DIOCESE OF FORT WORTH

Ministry Volunteer Reference Check

Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

Reference's Phone #: \_\_\_\_\_

Reference's Email Address: \_\_\_\_\_

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If yes, what did you observe?
4. Have you ever observed the applicant working with economically-disadvantaged people?  
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5. What age group(s) do you think the applicant is best able to serve?
6. What talents/gifts would the applicant be able to bring to their ministry?
7. Do you feel this applicant has any problems or limitations which would impede his/her volunteering in ministry?

8. Please rate the applicant on the following characteristics (1=weak, 5=strong, NK=no Knowledge)

	1	2	3	4	5	NK
Relates well with children and/or youth						
Relates well with adults						
Reliability						
Ability to work with a team						
Ability to express oneself						
Ability to take criticism						
Sense of confidence in self						

9. To the best of your knowledge (please circle yes or no):

Have there been complaints about the applicant behaving improperly with minors? Yes No

Have there been complaints about the applicant behaving improperly with adults? Yes No

Have there been allegations of abuse against the applicant? Yes No

Has the applicant been disciplined or terminated from a position working with minors due to inappropriate behavior or abuse? Yes No

10. Would you trust the care of your children or your senior parent to this person? Yes No

11. In your opinion, are there any reasons why placing vulnerable clients in the care of the applicant would expose the clients to undue risk or harm?

The information I have given is accurate to the best of my knowledge.

Printed Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_