



DIOCESE OF CORPUS CHRISTI

Application for Ministry and Volunteer Service

Thank you for filling out this *Application for Ministry and Volunteer Service*. This application helps the Diocese of Corpus Christi and other organizations affiliated with the Roman Catholic Church in the diocese to fulfill their commitment to the safety and well being of children and vulnerable adults. Everyone seeking ministry or volunteer positions is asked to complete a background check before beginning service. The diocese will treat the information you provide in this application with confidentiality.

** You must be complete all sections of this form in order for it to be processed.*

Personal Information

Date:	Last name, First name, Middle name or initial	Social Security Number: Driver's License Number: State:
Email Address:	Daytime Phone: (361) Evening Phone: (361)	Date of Birth
Street Address:	Mailing Address (if different):	Have you resided in any states other than Texas during the past five years? If yes, please list all states.

Parish Information

Are you a registered parishioner within the Diocese of Corpus Christi? ___Yes ___ No	Please list the name of your parish.	Have you been registered with your parish for at least six months or more? ___Yes ___ No If you answered no, you must provide a written recommendation from the pastor or parish supervisor from the current or previous parish in order to work with minors. ----- For Office Use: Pastor/supervisor recommendation received on:
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Volunteer Experience:

Indicate the parish or school in which you wish to volunteer:	Indicate the volunteer position you would like to hold:	If you have no volunteer experience to date, please check here: ___
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Please list your volunteer experiences with other churches, civic or non-profit organizations.

Organization	Volunteer Duties	Dates of Service	Name and phone number of contact person

References:

Please list three individuals who are familiar with your character as it relates to working with minors or vulnerable adults.

Name	Contact Phone Number	Relationship	Years Known

Background Check:

Have you ever committed, been accused of, or been convicted of child abuse or neglect? ___ Yes ___ No If Yes, please provide offense, date of offense or conviction and location of court:	Have you ever been subject to any court order involving an allegation of sexual, physical or verbal abuse of a minor? ___ Yes ___ No If Yes, please provide offense, date of offense or conviction and location of court:	Has your driver's license ever been revoked or suspended? ___ Yes ___ No If Yes, please provide offense, date of offense or conviction and location of court:
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Other than the previous information provided, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

___ Yes ___ No

If yes, please, explain: _____

By signing this form, I certify that the information contained herein is true to the best of my knowledge. I authorize the Diocese of Corpus Christi to validate the information provided on this form, including any criminal conviction record. I understand that it is my personal obligation in maintaining a safe environment for all to notify my pastor or supervisor if I am arrested or convicted of a crime after signing this form.

Signature: _____

Date: _____

DIOCESE OF CORPUS CHRISTI
CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

I, _____, am an applicant for employment with _____

(Name of person filling out form)

(Name of Church/School/Department)

As a part of the application process I have been advised that the diocese conducts a **criminal history check** that may include a **credit report and or motor vehicle report**. I do hereby consent to the use of any and all information provided to the diocese in the application process to be used in the criminal history/background check. The following are my responses to questions about my criminal history (if any).

1. ___YES ___NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).

If yes, please provide details below.

State:	County:	Date of Offense: / /
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2. ___YES ___NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State:	County:	Date of Offense:
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3. ___YES ___NO Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide details below.

State:	County:	Date of Offense:
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4. ___YES ___NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country:	City:	Date of Offense:
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5. ___YES ___NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below.

State:	County:	Date of Arrest
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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT IT WILL BE GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT AND/OR VOLUNTEER SERVICES. THE INFORMATION WILL BE USED AT THE DISCRETION OF THE DIOCESE OF CORPUS CHRISTI.

APPLICANT'S SIGNATURE _____

Signed this _____ day of _____, 20_____

If under 18 years of age a parent authorization is required before we can process a background check.

PARENT'S SIGNATURE _____

Signed this _____ day of _____, 20_____