St. Leonard *CATHOLIC COMMUNITY* *440 Zorn Avenue • Louisville, KY 40206 • 502-897-2595*

Volunteer Application and Information Form

Required for all volunteers working with or around minors
Revised March 2021

Contact Information

Full name _____
           (Last)   *(First)*   *(Middle Initial)*

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

Home phone (_____) _____   Cell phone (_____) _____

Email address *(please print legibly!)* _____

Date of birth _____ / _____ / _____

Volunteer Interests

Are you a registered parishioner at St. Leonard Parish?   ____ Yes   ____ No

If "no," explain your affiliation with St. Leonard Parish in the space below. Interested in joining? We'd love to have you! Please reach out to our Pastoral Associate for registration information.

Which Faith Formation program(s) are you interested in helping with? *(check all that apply)*

        ____ Children's Liturgy of the Word

        ____ Vacation Bible School

        ____ First Reconciliation and Communion preparation

        ____ Confirmation preparation

        ____ Family Days

        ____ High school youth ministry

        ____ Other programs/activities involving youth: _____

Do you intend to transport minors in your vehicle to and from church events? ____ Yes   ____ No

If yes, you must provide the parish office with a photocopy of your driver's license and insurance information.

Safe Environment

Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? ____ Yes ____ No *If yes, explain fully the circumstances in the space below:*

Have you ever been the subject of an investigation involving an allegation of sexual abuse?
  ____ Yes ____ No *If yes, explain fully the circumstances in the space below:*

Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse? ____ Yes ____ No *If yes, explain fully the circumstances in the space below:*

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you?
  ____ Yes ____ No *If yes, explain fully the circumstances in the space below:*

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?
  ____ Yes ____ No *If yes, explain fully the circumstances in the space below:*

Have you already completed the archdiocesan Safe Environment training?
  ____ Yes, at _____ *(location)* on _____ *(date)*
  ____ No

All volunteers working with or around minors at St. Leonard Parish MUST have completed the archdiocesan Safe Environment training AND have an up-to-date background check on file in the parish office BEFORE volunteering with minors.

Code of Conduct

I have read and understood the "Code of Conduct for Church Personnel" (attached), and I agree to abide by all Safe Environment policies of the Archdiocese of Louisville and St. Leonard Parish.

Signature: _____ Date: _____

For Office Use Only:
  ____ *Application form approved*   ____ *Background check entered into system*
  ____ *Verified Safe Environment attendance*   ____ *(Drivers only) Received copies of license*
  ____ *Background check requested*   *and insurance information*