**St. Michael the Archangel**

**Volunteer Application**

Thank you for offering to volunteer with the children and youth of our parish and school. Volunteers are indispensable to our programs. Because you will be working with our young people, we require some basic information. Please fill out the information below and return this form to Kollene Caspers, Safe Environment Coordinator, at the school office, parish office or by email: smsafe@saintmichael-cd.org

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY ZIP

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employment Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Employment Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas where you would like to volunteer: \_\_\_Preschool \_\_\_School \_\_\_Athletics (SMAA)

\_\_\_Religious Ed \_\_\_High School Youth Ministry \_\_\_VBS \_\_\_Parish \_\_\_Scouts \_\_\_Girl Scouts \_\_\_Knights of Columbus \_\_\_Choir \_\_\_ Children’s Liturgy of the Word \_\_\_ Festival

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References (Please give full names, phone numbers, and email addresses)

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use only:

Date of Protecting God’s Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transaction Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BCII \_\_\_\_\_\_\_\_ FBI\_\_\_\_\_\_\_

Signed Volunteer Conduct: \_\_\_\_ Photo ID \_\_\_ Date of last volunteer service \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this **Volunteer’s Code of Conduct** as a condition of my possibly providing care and custody to the children and/or youth of St. Michael School and Parish.

 As a volunteer, I will:

* Complete the requirements of the St. Michael School and Parish Safe Environment Policy, including in participating in the Protecting God’s Children training course and completing a BCI/FBI background check.
* Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
* Work in pairs (**two-deep ministry**) or groups, avoid situations where I am alone with children and/or youth at School and Parish activities. Never meet alone with children.
* Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
* Serve all people without regard to gender, creed, national origin, age, marital status, socioeconomic status, or political beliefs.
* Pre-schedule & receive permission, from proper St. Michael School and Parish office authority, to use the School and/or Parish facilities prior to needed usage.
* Use keys to School and/or Parish property to enter only at prescheduled times or with permission from the proper St. Michael School and Parish office authority.
* Provide proof of automobile insurance coverage, to the St. Michael school and/or Parish Office, in the event I am operating a motor vehicle as a volunteer for the School and/or Parish.
* Report suspected abuse to the pastor, principal and Franklin County Children Services. Understand the failure to reports suspect abuse to civil authorities is, according to the law, a misdemeanor in some situations.
* Cooperate fully in any investigation of abuse of children and/or youth.
* Represent Catholic Doctrine while in the care & custody of children and/or youth.

As a volunteer, I will not:

* Smoke or use tobacco products in the care & custody of children and/or youth.
* Use, possess, or be under the influence of alcohol at any time while volunteering.
* Use, possess, or be under the influence of illegal drugs at any time.
* Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations
* Strike, spank, shake, or slap children and/or youth in a sexual or other inappropriate manner.
* Humiliate, ridicule, threaten, or degrade children and/or youth.
* Use any discipline that frightens or humiliates children and/or youth.
* Use profanity in the presence of children and/or youth.
* Use my cellphone while driving as a volunteer for the school or parish.
* Engage in a physical, sexual or romantic relationships with a child and/or youth.

I have read and understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth. I also agree to attend a "Protecting God's Children" session and submit to a criminal background check. I have been given a copy of this Code of Conduct for my records.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature Date