APPLICATION FOR VOLUNTEER SERVICES

Except for certain positions where gender and religious affiliation is considered as a requirement of the job; we consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, any other legally protected status.

	(PLEASE_PRINT)					
Position Applied for		Date of Application				
Last Name	First Name	Middle Name		Da	te of I	Birth
Maiden name or Alias nam	nes you are or have been known by					
Address	City	ý	State	Zip Code		
Telephone Number(s)		Social S	Security N	lumber		
Have you ever been emplo	oyed by or volunteered for an entity operated	d by the Diocese of Lexington be	efore?	☐ Yes		No
If Yes, give the lo	ocation and date					
On what date would you b	be available to begin?					
If so can you provide a co	vide drivers license information; State ppy of your auto liability insurance declarations have pending charges that have not yet pos	on page?		☐ Yes☐ Yes☐ Yes		No No No
	of a crime or do you have pending charges? not necessarily disqualify an applicant from			☐ Yes		No
If Yes, please explain						
	List any foreign languages ye	ou speak, read, and/or w	rite			
	FLUENT	GOOD		FAIR		
SPEAK						
READ						
WRITE						
Other Qualifications						
	s, certificates, training and qualifications that	at might be helpful to the Dioces	se			
State any additional inf	formation you feel may be helpful to us in	considering your application.				

Address History

Start with your present or current address, provide at least 7 years address history w	without any breaks. Providing just the month and year in the from
to section will be adequate unless you lived at multiple addresses within one month.	1.

From:	Address:
To:	City, State, Zip
From:	Address:
To:	City, State, Zip
From:	Address:
To:	City, State, Zip
From:	Address:
To:	City, State, Zip
From:	Address:
To:	City, State, Zip
From:	Address:
То:	City, State, Zip
From:	Address:
To:	City, State, Zip
From:	Address:
To:	City, State, Zip

if you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the b	est of my knowledge.
I authorize investigation of all statements contained in this appl services as may be necessary in arriving at a decision to acti Lexington.	
Signature of Applicant	Date

CERTIFICATION

I hereby attest and certify that I have never been accused of, convicted of, nor pled guilty to: sexual abuse, gross sexual imposition, voyeurism, public indecency, or any existing or former offense of any municipal corporation, this state or any other state of the United States that is substantially equivalent to any of the above offenses. (If you have been accused of, convicted or, or pled guilty to any of the above offenses and wish to explain the circumstances thereof, please do so on a separate sheet). I further certify that I have never been discharged from employment or a volunteer position because of any activity covered by the foregoing statutes.

I hereby attest and certify that the above information provided by me is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already employed.

Applicant's Signature	
Witness	
Date	

CODE OF COR	NDUCT ACKNOWLEDGMENT
I acknowledge that I have received a copy of description of the goals related to these polici Conduct and understand their contents. I und	Catholic Diocese of Lexington Code of Conduct and a brief ies and understand that it is my responsibility to read the Code of derstand that, upon request I may meet with my Parish, School, or
Diocese leadership to review the Code.	
	CERTIFICATION ever been accused of, convicted of, nor pled guilty to: sexual abuse, gro
please do so on a separate sheet). I further certification because of any activity covered by the large position because of any activity covered by the large position because of any activity covered by the large position because of any present or forme to answer all questions and to release or provide above-named areas of conduct, and I agree to he information that is within their knowledge and reconduct a check of my police criminal records in I hereby attest and certify that the above	is substantially equivalent to any of the above offenses. (If you have any of the above offenses and wish to explain the circumstances thereof fy that I have never been discharged from employment or a volunteer foregoing statutes. er employer, person, firm, corporation, physician, or government agence any information within their knowledge or records dealing with the old any and all of them harmless and free of any liability for releasing an records. I further authorize the Roman Catholic Diocese of Lexington to accordance with KRS 156.483, KRS 17.160, and KRS 17.165). We information provided by me is true and correct to the best of my as or omissions may disqualify my application or result in my immediate.
Volunteer (Parent #1) Signature	Volunteer (Parent #2) Signature
Print Name	Print Name
	OF CONDUCT ACKNOWLEDGMENT Diocese of Lexington
I acknowledge that I have recei Code of Conduct. I understand that it i	ved a copy of Catholic Diocese of Lexington Technology s my responsibility to read the Technology Code of Conducted that, upon request I may meet with my Parish. School or
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Witness