



and agents, and all persons, agencies, and entities providing information or reports about me, from any liability arising out of requests for or release of any of the above-mentioned information or reports.

SIGNATURE: \_\_\_\_\_ TODAY'S  
DATE: \_\_\_\_\_

**THIS PAGE CONTAINS SENSITIVE INFORMATION TO BE KEPT ONLY IN SECURE FILES**

## **Article 23-A of the New York State Correction Law**

In sum, Article 23-A provides the following:

- No application for employment shall be denied or acted upon adversely by reason of an individual's having been previously convicted of one or more criminal offenses unless: (1) there is a direct relationship between the criminal offenses and the specific employment sought or held by the individual; or (2) the continuation or granting of the employment would involved an unreasonable risk to property or the safety or welfare of specific individuals or the general public.
- In making an employment – related determination concerning an individual who has a criminal offense in his/her background, an employer shall consider such factors as the following:
  - the public policy of New York State to encourage the employment of persons previously convicted of one or more criminal offenses;
  - the specific duties and responsibilities of the employment sought or held by the person;
  - the bearing the criminal offense(s) will have on the individual's fitness or ability to perform job responsibilities;
  - the time that has elapsed since the occurrence of the criminal offense or offenses;
  - the age of the individual at the time of occurrence of the criminal offense or offenses;
  - the seriousness of the crime(s) respecting there was a conviction;
  - any information presented in regard to the individual's rehabilitation and good conduct; and
  - the legitimate interest of the employer in protecting property, and the safety and welfare of individuals or the general public.
- At the request of any person previously convicted of a criminal offense, who has been denied a license or employment, the employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such a denial.
- Article 23-A is enforceable by the New York State Division of Human Rights.

# Volunteer Service Request Form

## REQUEST

Please complete all this information, sign and date it. Please print.

Name \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Last First Middle Cell Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_  
Street Location (Not PO Box)

For checking prior records, provide other names you have used: \_\_\_\_\_

Ministry or Ministries Requested: \_\_\_\_\_

Are you currently active in any ministries? \_\_\_\_\_

How long have you been a member of our parish community? \_\_\_\_\_

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

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

List any training for church ministry you have received: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged from volunteering for any reason?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If Yes, please explain \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No

Are you aware of any situation that would affect your ability to serve as a volunteer?  Yes  No

If Yes, please explain \_\_\_\_\_

List foreign languages you know and indicate level of proficiency and fluency:

Speak: \_\_\_\_\_ Read : \_\_\_\_\_ Write: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer

(OVER)

**APPROVAL**

**FOR ADMINISTRATOR USE ONLY**

Request to serve as a volunteer:  Approved  Denied

\_\_\_\_\_ VL \_\_\_\_\_  
Approved Ministry Dept. ID

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Approved by: \_\_\_\_\_  
Signature Date

Print Signer's Name and Title \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct , agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Volunteer

**FOR ADMINISTRATOR USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Screening Form Completed                 | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered             |

**VIRTUS** Training Scheduled: \_\_\_\_\_ **VIRTUS** Training Occurred: \_\_\_\_\_

Notes: \_\_\_\_\_