

DECLARATIONS PAGE - VOLUNTEER COMPLIANCE IN VIRTUS

The Archdiocese of Chicago appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the purpose of our community. Please read and initial each of the statements below.		
	I declare that all statements contained in this application, to the best of my knowledge, are true, accurate and complete. Any false statements, misrepresentations or omissions of fact shall result in the disqualification or rejection of this application or removal from the volunteer service.	
	I hereby authorize the Archdiocese of Chicago to verify any of the information provided in this application and I authorize my past and current employers, and church(es), youth organizations, agencies where I have performed volunteer service, and any individual or organization which might be relevant to my desired volunteer opportunity to release information concerning my employment or volunteer service.	
	I am willing to authorize a criminal background check.	
	I understand that the approval of my volunteer application and assignment to a volunteer opportunity is expressly conditioned upon the successful completion of a criminal background check and that such check will include state/federal criminal history reports; the National and/or State Sex Offender Registry; the Illinois Murderer and Violent Offender Against Youth Registry; the Archdiocese of Chicago to conduct a criminal background check and abuse registry check, for purposes of my volunteering. I further authorize the Archdiocese of Chicago to conduct such checks periodically throughout my volunteer service.	
	I understand and agree that information may be obtained from sources that I provided above and that this information will be held confidentially by the Archdiocese of Chicago and not revealed to me except as required by law. I have also read and understood the above stated information within this release and am signing below of my own free will.	
	I understand that as a volunteer, I may become privy to information concerning a student or staff member and I agree not to divulge any information that pertains to any student or staff member that becomes known to me in my role of volunteer. Such information includes, but is not limited to, academic performance, attendance, discipline, and health information.	
	I agree to observe all of the Archdiocese of Chicago guidelines and policies applicable to my volunteer service.	
	I understand that the Archdiocese of Chicago has a ZERO TOLERANCE FOR ABUSE and takes all allegations of abuse seriously. I further understand that the Archdiocese of Chicago cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate removal from volunteer service and possible criminal charges.	
	I understand that I can withdraw from the volunteer application process at any time.	
	I understand and agree that nothing herein guarantees my selection as a volunteer and, if I am selected for the volunteer opportunity, I understand and agree that I may be removed from the volunteer service at the sole discretion of the Archdiocese of Chicago at any time for any reason.	
	I authorize the Archdiocese of Chicago to share this information with all parishes/schools/agencies at which I volunteer.	

receipt of compensation or remuneration of any kind. I further understand and acknowledge that I may discontinue my volunteer service at any time.		
☐ I understand and agree that I am performing this volunteer service freely and without pressure or coercion, direct or implied, from the Archdiocese of Chicago its, schools, parishes, and agencies.		
I understand and agree that I am performing this volunteer service to fulfill my own civic, religious, charitable or humanitarian purpose and not as an agent, servant or employee of the Archdiocese of Chicago, its schools, parishes or agencies.		
\square My signature indicates that I have read and understand the above.		
Do not sign until you have read and initialed the above statements.		
SIGNATURE	DATE	
OFFICE USE ONLY:		
Site Administrator	Date Received	