

Volunteer Guidelines and Policies Agreement

Name: _____ Hm Phn: _____ Cell: _____

DOB: _____ Hm Address: _____ City: _____ State: _____ Zip: _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of children and/or young people? _____

If yes, please explain:

- I affirm that the information given in this agreement is true, complete and correct.
- I affirm that I have attended Protecting God’s Children workshop, have been trained and approved to work with children and/or young people in the Archdiocese of St. Louis. The approved form is on file at St. Catherine Laboure or _____ (Please fill in if other Parish).
- Our children are the most important gifts God has entrusted to us. **I promise to follow strictly the rules and guidelines in the Archdiocese of St. Louis Code of Ethical Conduct for Clergy, Employees and Volunteers Working with Minors** as a condition of my providing services to the children and youth of our Archdiocese. I understand that since I may be working with minors, I will be subject regularly to a thorough background check including criminal history. I understand that any action inconsistent with this *Archdiocese of St. Louis Code of Ethical Conduct for Clergy, Employees and Volunteers Working with Minors* or failure to take action mandated thereby may result in my removal from my position of working with minors. I further understand that I may, as a condition of continuing in my position, be required to participate in education and training provided by the Archdiocese or the school, parish or agency with which I am associated.
- I understand that the Missouri Family Care Safety Registry (“FCSR”) is a service provided by the State of Missouri for employment background screening purposes. I understand that the Archdiocese of St. Louis may be utilizing the FCSR for both employment candidates and volunteer candidates. I authorize the parish to utilize the FCSR for my background screening, which is a non-employment purpose.

Signature of volunteer or employee: _____

Printed Name: _____ Date: _____