

**DIOCESE OF RALEIGH**

**Level A FORM – Remote or Occasional Volunteer or Vendor**

Name: \_\_\_\_\_

Best Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Volunteer Ministry Location: \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency Contact's Phone Number \_\_\_\_\_

Please obtain the name of you Level C Adult Supervisor while you are volunteering, this is the person you would speak to if you have any items of concern.

Has a civil lawsuit or employment complaint ever been filed against you for child abuse or sexual abuse?

(Choose One) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain

Have you ever been charged with a crime related to child abuse or sexual abuse?

(Choose One) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain

Have you ever left an assignment or employment or been removed from an assignment or employment for reasons related to allegations of child abuse, physical abuse or sexual abuse?\_

(Choose One) YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain

Do you agree to abide by the directives of your Level C Adult Supervisor

(Choose One) YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that in signing this Personal Information Sheet, I affirm that the information I have given is true and correct.

I also understand that any misrepresentation, falsification or omission in any of this information may result in the termination of my volunteer ministry.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date