



Instructions for Parent Volunteers

The following steps must be completed if you are planning to be a parent volunteer this year.

- Complete the Covered Volunteer Application Form (CVA) and Safe Environment Training. The form and instructions for the training are below.
- Please return the completed form and safe environment training certificate to Cori Welty in the Business Office or at cwelly@holynamespa.org.
- The safe environment training is good for five years, and there is no fee to complete it.

If you are volunteering where you will have unsupervised access to our students OR being a chaperone on:

- a) Any field trip outside of the Diocese
 - b) Overnight field trips
 - c) All mission trips
- Submit a Covered Volunteer Application Form (CVA) to Cori Welty in the Business Office or at cwelly@holynamespa.org.
 - All applications will be sent to the teachers and they will complete a lottery for the parents that will attend the event.
 - The Business Office will notify the parents who are going on the trip and send them the instructions to complete a FDLE Level II Background Check through the Diocese of St. Petersburg. The fee for the screening is \$51.
 - Safe Environment Training Program will need to be completed as well. There is no fee for this.
 - The background check and safe environment training is good for five years.

*Please complete the application and send to the business office two months prior to the trip.
This will give time to complete the additional steps needed.*



Academy of the Holy Names

TO BE, RATHER THAN TO SEEM

Covered Volunteer Application Form

School(s) Where you volunteer and the address: (If you volunteer at more than one location, list them all.)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Thank you for offering your time to volunteer in our school. The Academy of the Holy Names requires a Covered Volunteer Application Form to be submitted. A covered volunteer is an individual who will have the care, responsibility, and or supervision of a child or youth or unsupervised access to vulnerable adults. Because you will be volunteering and working with our young people, we also require some basic information about you, which assures the best possible program and safety for all. Please print your responses to the following questions and return this form to Human Resources.

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Personal Email: _____ Other: _____

Place of Employment

Work Phone: _____

Work Email: _____

Are you a member of the Catholic church? Yes: _____ No: _____

Your parish/school/entity name:

Volunteer position(s) you are seeking: _____

Date: _____ Location: _____

Have you been directed to transport children, youth or vulnerable adults by your parish/school/or other Diocesan Organization?

Yes: _____ No: _____ Organization/Other: _____

Prior experience working with children: _____

Have you ever been arrested: Yes: _____ No: _____ If yes, what was the result of the arrest? (include adjudication withheld plea of nolo contendere or pre-trial diversion): _____

Have you ever been the subject of an investigation involving an allegation of sexual abuse? Yes: _____ No: _____

Have you ever been a defendant in a civil action for an intentional tort? (e.g. assault, battery, etc.) Yes: _____ No: _____ If yes, please explain, including nature of the intentional tort and date it was committed: _____

Has your employment ever been terminated for reasons related to allegations of physical abuse? If yes, please explain: _____

Authorization:

In conjunction with my request to serve as a volunteer for the above position, I understand that investigative inquiries on my background are to be made on me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the hiring entity and will consist of a criminal background check and /or driving record check using the services of the Diocese of St. Petersburg/Department of Human Resources or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability to volunteer for the above noted position.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future by the entity for which I am volunteering.

(Signature of Volunteer)

(Date)