

# Catholic Social Services

## VOLUNTEER APPLICATION



### Personal Information

Full name:	_____	Date of Application:	_____
	<small>Last                      First                      M.I.</small>		
Address:	_____	Phone #:	_____
	<small>Street address                      Apt./Unit #</small>		
	_____	Email:	_____
	<small>City                      State                      Zip Code</small>		

### Emergency Contact Information

Full Name:	_____	Relationship:	_____	Phone #:	_____
Email Address:	_____				

### Position Interest and Availability:

Which of our service areas would you like to volunteer in? (you may select more than one)

- Scranton       Carbondale       Wilkes Barre       Hazleton       Stroudsburg

Please select what areas interest you the most. (you may choose more than one).

- Food Pantry (distribution, packing, sorting, etc.)
- Food Kitchens (St. Francis of Assisi or St. Vincent de Paul)
- Clothing Pantry/Trailer
- Shelter (break down, set up, overnight assistance, Code Blue, etc.)
- Office Assistance (relief services, immigration, CYS, etc.)
- Special Events (Thanksgiving dinner, Christmas Toys, etc.)
- Other (please specify): \_\_\_\_\_

What days are you available?	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
What times are you available each day?	_____					
Are you bilingual or multi-lingual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which languages?	_____		
Is this a required community service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many hours do you need?	_____		
If so, for Whom:	_____					

## Skills and Experience

Have you volunteered for Catholic Social Services before? Yes  No

Have you volunteered anywhere else before? Yes  No

Please list any former volunteer and/or work experience you have starting with your most recent.

Experience #1: Dates worked: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description of activities or responsibilities in position:  
\_\_\_\_\_

Experience #2: Dates worked: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description of activities or responsibilities in position:  
\_\_\_\_\_

Experience #3: Dates worked: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description of activities or responsibilities in position:  
\_\_\_\_\_

Please list any relevant skills or achievements you have that you feel are worth mentioning for the position:

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## References

Please list 2-3 references below.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This institution is an equal opportunity provider.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

# CSS Volunteer

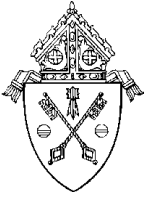
## Requirements Checklist

### Clearances before you start (all volunteers)

- Once you have completed a volunteer application, a supervisor or hiring manager will reach out to you to extend the offer and ask you to submit clearances.
- Upload a copy of your clearance results/certificates once received to the safe environment coordinator using the secure link (black button) found at the top of this site:  
<https://www.dioceseofscranton.org/child-protection-victim-assistance/catholic-social-services-employee/>

**NOTE: If you currently possess all three clearances and they are less than 5 years old at the time of your selection, and not within three months of expiration, you may submit them via the secure link provided above for review by the safe environment coordinator.**

- ✓ **Federal Criminal History Record Information (CHRI)** (*requires fingerprinting*): Do this first! This will take a few days/weeks to get back. Use the service code: **1KG756** at the top of the page to get started. Be sure to fill out required information online and make appointment immediately. Ask your **supervisor** to provide you with an **NCAC authorization code for payment** once selected as a volunteer. You will need to present this code at the fingerprint location for payment. You will need the **UE ID** on your receipt for the appointment. Visit: <https://uenroll.identogo.com/>.
  - **If you have lived in Pennsylvania for the last 10 years, you may submit a Volunteer Affidavit form in lieu of the FBI CHRI clearance.** (*see the next page*)
- ✓ **Pennsylvania State Police Criminal History Check:** You can get this one in minutes! Visit this site and select “submit a new record check” for the clearance. Please pick “**Employment**” for Purpose of Request. Once you have paid for this clearance, select the “request number” that appears to access the certificate of your clearance. Please be sure to print or save a copy for your records. Visit: <https://epatch.pa.gov/home>
- ✓ **Pennsylvania Child Abuse History Clearance:** Login to your individual account, if you have one, or create an individual account to start. Follow the steps to apply for the clearance and please pick option that starts with “*Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child’s welfare or having direct contact with children...*” Once you have submitted payment, the clearance will appear within a day or so. Please be sure to print or save a copy for your records. Visit: <https://www.compass.dhs.pa.gov/cwis/public/home>



# Diocese of Scranton

## Volunteer Affidavit

In order to apply for volunteer service in the Diocese of Scranton, I am aware that I must provide the following clearances prior to beginning service: PA State Police Clearance and PA Child Abuse History Clearance.

**As a volunteer applicant, I affirm that I have resided continuously in Pennsylvania for the previous 10 years immediately preceding the date of this statement. As such, I am submitting this information in lieu of obtaining the FBI clearance as required by ACT 153 of 2014.**

I am aware that past convictions of certain crimes and offenses also permanently disqualify me from volunteer status. I swear/affirm that I have not been convicted of one or more of the following crimes reportable under Title 18 of the PA Consolidated Statutes or equivalent crime in another state, territory, commonwealth or foreign nation:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301(a)(1) (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- Section 6318 (relating to unlawful contact with minor).
- An offense designated as a felony under the Controlled Substance, Drug, Device and Cosmetic Act during the five year time period immediately preceding today's date
- An offense similar in nature to those crimes listed in clauses (1) and (2) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.
- An attempt, solicitation or conspiracy to commit any of the offenses set forth above.

I understand that I will be dismissed if I am named as a perpetrator of a founded report of child abuse or convicted of any of the crimes listed above subsequent to providing the required clearances. I also understand that the Diocese retains the right to refuse permission to serve as a volunteer for any reason that, in its judgment, renders the applicant unsuitable to serve in that capacity.

**I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.**

Date	Applicant (Print Name)	Applicant Signature
Date	Witness (Print Name)	Witness Signature