

Christ the King Parish
1501 S. Main St.
Lombard, IL 60148
630-629-1717

Volunteer Profile

This form is to be used when the volunteer position involves providing ministry to minors or vulnerable adults. Retention of the Profile and Release form shall be for seven (7) years following the termination of the service. This document addresses concern for potential liability in all sectors of society, including the Church. It is coupled with the heightened awareness of a responsibility to insure that those who act in the name of the Church would never violate Christian moral principles. In order to protect the Church, those whom it serves and those who serve it, please complete this form.

A. PERSONAL INFORMATION

1. Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation? If so, explain the circumstances fully.

2. Have you ever been the subject of an investigation involving the alleging of sexual abuse?

YES ____ NO ____ . If yes, please explain.

3. Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse? YES ____ NO ____ . If yes, give a short explanation of the complaint. Include date, nature, place, where filed, incident leading to complaint and disposition.

4. Have you ever terminated employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse by you? YES ____ NO ____ . If yes, give a short explanation of the allegations, disposition, employer, including name address and phone number.

5. Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? YES ____ NO ____ . If yes, give a short description of the; treatment, dates, nature, location, treating physician including name, address and phone number.

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6. Have you lived in Illinois less than 5 years? YES ____ NO _____. If yes, list your last 2 addresses.

B. VOLUNTEER HISTORY

Please list your last three volunteer activities, starting with the most recent.

C. PERSONAL REFERENCES

Please list the name, address and phone number of three persons who will serve as character references.

NAME ADDRESS TELEPHONE #

NAME ADDRESS TELEPHONE #

NAME ADDRESS TELEPHONE #

YOUR NAME _____

(Please Print)

SIGNATURE _____

Date: _____