



Catholic Diocese of Phoenix
Code of Ethics

It is the policy of the Catholic Diocese of Phoenix that any sexual, physical, or emotional abuse of minors is not acceptable and will not be tolerated.

Diocesan personnel, volunteers, and outside organizations while working in their scope of ministry shall:

- Abide by the Diocese of Phoenix *Policy and Procedures for the Protection of Minors*
- Maintain healthy boundaries by adhering to the chart of interactions and behaviors found in Appendix III of the *Policy and Procedures for the Protection of Minors*
- Exhibit the highest Christian ethical standards and personal integrity
- Conduct themselves in a manner that is consistent with the discipline, norms, and teachings of the Catholic Church
- Provide a professional environment that is free from all forms of abuse including intimidation and harassment
- Accept personal responsibility to protect all minors from all forms of abuse
- Report concerns about boundary violations or other questionable behaviors and circumstances to the program supervisor, pastor or principal
- Immediately report any suspected abuse or neglect of a minor in accordance with the Arizona state law and policies of the Diocese of Phoenix

Because it is impossible to compile a comprehensive list of specific acts constituting misconduct, diocesan personnel, volunteers and outside organizations must use common sense, guided by the principles set forth above, to direct their behavior and to abide by the current Diocese of Phoenix *Policy and Procedures for the Protection of Minors*.

By signing below I am stating that I have received a copy of this *Code of Ethics*, I have read it, understand it, and I agree to abide by it. I also understand that by signing below I agree to abide by the Diocese of Phoenix *Policy and Procedures for the Protection of Minors*.

A violation of this *Code of Ethics* can result in disciplinary action up to and including removal from serving in programs and/or termination of employment.

Check One:

- | | | |
|---|---|---|
| <input type="checkbox"/> Priest | <input type="checkbox"/> Consecrated Man or Woman | <input type="checkbox"/> Volunteer (Serves Minors) |
| <input type="checkbox"/> Deacon | <input type="checkbox"/> Employee | <input type="checkbox"/> Volunteer (SVDP/Pastoral Care) |
| <input type="checkbox"/> Deacon Candidate | <input type="checkbox"/> Seminarian | <input type="checkbox"/> Outside Organization |
| <input type="checkbox"/> Deacon Acolyte | <input type="checkbox"/> Volunteer | |
| <input type="checkbox"/> Deacon Aspirant | | |

Date Printed First Name Printed Last Name Signature



Catholic Diocese of Phoenix
Volunteer Application

The **Catholic Diocese of Phoenix** appreciates your willingness to share your faith, time and talents. Providing safe and secure programs for our members is of the utmost importance to us. The information gathered in this application is designed to help us secure a safe environment for the people of our community. For your privacy, this form will be stored in a secured locked facility.

PERSONAL INFORMATION				
Legal First Name		Legal Last Name, Suffix (e.g., Jr/Sr.)		Middle Initial
Date of Birth				
Street Address		City	State	Zip
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Length at current address _____ Years _____ Months If you have resided at this location less than 3 years list previous address(es) below.				
Most Recent Previous Address		City	State	Zip
Additional Previous Address		City	State	Zip
Home Phone Number	Cell Phone Number	Email Address		
PRIMARY VOLUNTEER INFORMATION				
Primary Volunteer Location Parish <input type="checkbox"/> School <input type="checkbox"/> Both <input type="checkbox"/>				
Primary Parish Name		Primary School Name		
Are you a registered Parishioner Yes <input type="checkbox"/> No <input type="checkbox"/>		List the name of child(ren) attending Catholic School _____ _____		
Type of Volunteer <input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes (e.g., St Vincent De Paul (SVDP)/Pastoral Care) <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above		List the name of all titles/ministries in which you desire to participate (e.g., Catechist, Coach, Choir, Eucharistic Minister, Knights of Columbus, Ladies Auxiliary, Lector, Money Counter, Pastoral Care, SVDP, Youth Ministry, etc.) _____ _____		
What interests you about serving in the above listed ministry(ies)? _____ _____				
What has prepared you to serve in the above listed ministry(ies)? _____ _____				
ADDITIONAL VOLUNTEER LOCATIONS WITHIN THE DIOCESE OF PHOENIX				
1) Parish/School Name & City: _____		2) Parish/School Name & City: _____		
<input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes (e.g., St Vincent De Paul (SVDP)/Pastoral Care) <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above		<input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes (e.g., St Vincent De Paul (SVDP)/Pastoral Care) <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above		

For the safety of all we serve, we sincerely appreciate your cooperation in completing this entire application.

For Office Use Only: LAST NAME:

FIRST NAME:

DATE:

3) Parish/School Name & City: <input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care) <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above		4) Parish/School Name & City: <input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care) <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above	
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VOLUNTEER HISTORY Check here if you do not have volunteer history

Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			

EMPLOYMENT Check here if you are not currently employed

Current Employer:	Position	Years Employed
Street Address	City	State Zip

REFERENCES
(A minimum of three required. If residing in Diocese of Phoenix less than three years two of the references must be from previous location)

Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Personal/Non-Family Member)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Name (Personal/Family Member)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Personal/Family Member)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND CHECK INFORMATION

Have you changed your last name in the past 5 years? Yes No
 If yes, was name change due to a marriage/divorce? Yes No
 If yes, what was your previous last name? _____

Have you ever been arrested for, charged with, convicted of or admitted to physically, sexually, or emotionally abusing or assaulting a child or an adult? Yes No
 If yes, explain _____

Have you ever been arrested for, charged with, convicted of or admitted to a misdemeanor or felony? Yes No
 If yes, please list the offense, date, jurisdiction and outcome. _____

Do you have any outstanding warrants, either in Arizona or in any other state? Yes No
 If yes, list reason for warrant. _____

Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child? Yes No
 If yes, explain. _____

FOUNDATION SAFE ENVIRONMENT TRAINING CLASS INFORMATION

Class Name _____ Date _____
 Location of Class _____

DECLARATION – Please read each statement and sign below

- I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.
- I understand that a background check may be conducted prior to and during my service. I authorize investigations of all statements contained in the application.
- I agree to observe all Catholic Diocese of Phoenix guidelines and policies for the program in which I am applying.

*******Please sign below indicating you have read and agree to the above statements*******

Applicant Signature: _____ **Date:** _____

Parish/School Review

I verify applicant completed the initial foundation training and their application is complete.
 Name (Please Print): _____
 Signature: _____ Date: _____

Office Use Only
 Interview Complete Yes No
 Reference Checks Complete (Minimum of Three) Yes No
 Approved to Volunteer Yes No Yes With Listed Restriction(s) _____