

DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS

CATECHIST/VOLUNTEER APPLICATION

Parish: _____ City: _____

The information on this form will help us to find the most satisfying and appropriate place for you. Your cooperation in completing it is most appreciated.

(Please Print All Information)

Date: _____

Check One: <input type="checkbox"/> Dcn. <input type="checkbox"/> Mr. <input type="checkbox"/> Sr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
Name: _____			
<small>First</small>		<small>Middle</small>	
<small>Last</small>			
Address: _____		City: _____ Zip Code: _____	
Cell: (_____) _____		Phone: (_____) _____	
Email Address: _____ @ _____			

Date of Birth (Month & Day): _____

Have you already received the 3 Sacraments of Initiation? Yes No

Marital Status Check One: Single Married Separated Divorced

Number of Children: _____ Ages: _____

Education: (Circle last year completed; circle only one)							
Grade	5	6	7	8	High School	9	10
College	1	2	3	4	Graduate	1	2
						3	4

Year: _____
Position: _____
Day: _____
Grade: _____

Work experience: _____

Special skills, training, interests or hobbies (crafts, music, drama, etc.): _____

Parish Currently Attending: _____

Have you served as a catechist before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of Service: _____
Grades Taught: _____	
Parish: _____	
Name of Supervisor (PCL): _____	
Hours in Catechist Formation: _____	

Have you attended PROTECTING GOD'S CHILDREN® before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, can you provide a Certificate of Attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Also, can you provide a Certificate of Approval to have Regular Contact with Minors issued from the Office of Catechesis? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Application for Volunteers who will have Regular Contact with Minors

Name (Last, First, Middle)	Preferred Name	Date of Birth	Home & Work Telephone
Address (Street, City, St, Zip Code)			SSN:
Do you have a driver's license number? State: _____			
Have you had any moving violations in the past two(2) years? YES: <input type="checkbox"/> NO: <input type="checkbox"/>			

Education (Check highest level completed):

Elementary School
 Middle School
 High School
 Vocational or Technical Training
 College
 Graduate School

Why do you want to be a Volunteer? _____

Type of Volunteer service preferred: _____

Previous volunteer experience:

Organization	Position	Responsibilities
_____	_____	_____
_____	_____	_____

Within the last 10 years have you pled "no contest" to or been convicted of a felony against a person or family, public indecency, or the Texas Controlled Substance Act? Yes No

Have you ever pled "no contest" to or been convicted of a misdemeanor against a person or family, or public indecency? Yes No

Are you under indictment for, or has a district/county attorney accepted an official complaint about offenses listed above? Yes No

Have you even been accused in a written complaint of inappropriate behavior with a minor? Yes No

Please provide the following additional information. The Diocese of Brownsville will use this information when conducting a Background History Check, including a criminal background check for some positions. Please provide your ethnicity. Use the other spaces below to list any other names (aliases) you have used, such as maiden name, previous married name, etc.

Ethnicity
 Anglo
 Black
 Hispanic
 Other
 Alias _____
 Alias _____

Please list three (3) personal references (excluding relatives):

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge.
 I agree to conform with the Diocese of Brownsville rules and regulations to the best of my ability.
 I agree to respect the confidential nature of case information and any personal contact with clients.
 I agree to inform the Diocese if I am named in complaints or indictments or convicted of offenses listed above.
 I understand that the Diocese will conduct a history background check to verify information provided above.
 I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training.

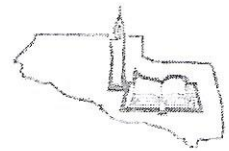
Signature of Volunteer _____ Date _____





DIOCESE OF BROWNSVILLE

Office of Catechesis



Parish: _____

Code of Ethics

Church personnel will exhibit the highest Christian ethical standards and personal integrity.

Church personnel will conduct themselves in a manner that is consistent with the discipline and teachings of the Catholic Church.

Church personnel shall provide a professional work environment that is free from physical, psychological, written, or verbal intimidation or harassment.

Church personnel will avoid taking unfair advantage of a helping relationship for their own benefit.

Church personnel will not physically, sexually or emotionally mistreat or neglect a minor or adult.

Church personnel will share concerns about suspicious or inappropriate behavior with their pastor, their catechetical leader, principal, Vicar General or the Bishop.

Church personnel will report any suspected abuse or neglect of a minor to the **Texas Department of Family and Protective Services**.

Church personnel will accept their personal responsibility to protect minors and adults from all forms of mistreatment.

Areas of Importance to Catechists

Church personnel should not transport minors unless written permission from parents/guardians has been obtained.

Church personnel should not use any form of physical discipline when correcting inappropriate behavior of a minor. This includes spanking, slapping, pinching, hitting or any other physical force.

Church Personnel should never use language which is sarcastic or calculated to bring ridicule on the child or his/her parents.

Church personnel should never compromise their position when showing affection to a minor. The following are considered appropriate forms of showing affection to a minor: side hugs, pats on the shoulder or back, handshakes, hand slapping, verbal praise, touching hands, faces, heads, shoulders, and arms, holding hands while walking with small children, sitting beside small children, kneeling or bending down for hugs with small children, holding hands during prayer and pats on the head when culturally appropriate.

Church personnel should respect confidentiality in both verbal and written communication regarding the right of a person to a good reputation and a person's right to privacy. Personnel files, students' records, application information, performance appraisals, disciplinary measures, as well as information given by parents are to be protected from disclosure.

Acknowledgement

I have attended an educational seminar that explains the **Policies, Procedures and Guidelines for Ethical and Responsible Conduct in Ministry** adopted by the Diocese of Brownsville. I understand the policies and voluntarily agree to abide by these policies and conduct myself in complete accordance with them.

Please print:

Name: _____

Date: _____

Position: _____

Signature: _____



DIOCESE OF BROWNSVILLE
BACKGROUND CHECK
AUTHORIZATION FORM

Office of Catechesis

Parish: _____

Name: _____
Last First Middle

Other Names Used: _____

Required:

Date of Birth: _____ / _____ / _____ Sex: M - F
Month Day Year

Optional: *(Used to rule out other matches)*

Social Security Number: _____ - _____ - _____

Driver License: _____
State Number

Please list counties and states where you have lived if you have lived outside of Texas within the past ten years.

State	County
_____	_____
_____	_____
_____	_____
_____	_____

I hereby grant to the Diocese of Brownsville permission to complete a Criminal Background Check, and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with other Roman Catholic Dioceses, as necessary.

Signature: _____ Date: _____

Return Authorization Form to:

OFFICE OF CATECHESIS
700 VIRGEN DE SAN JUAN
SAN JUAN TX 78589-3030

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Name of Parish: _____

City: _____

Signature of Applicant or Employee

Date

CDOB - Office of Catechesis

Agency Name (Please print)

Luis Espinoza / Rosa G. Gonzalez

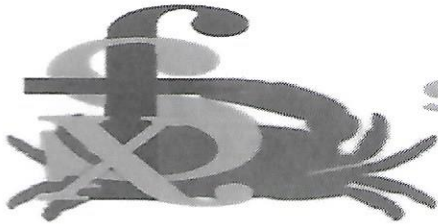
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial Each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	Volunteer _____
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Rev. 09/2013



**SAINT FRANCIS XAVIER
CATHOLIC CHURCH**

P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559

Phone #: (956) 797-2666/ Fax: (956)797-3387

Website: stfrancisxavierlaferia.org

**COMMUNICATION CONSENT AND GUIDELINES FORM
FOR CATECHISTS WITH PARENTS**

Please print and write legibly

Parish: _____

City: _____

Catechist's Name: _____

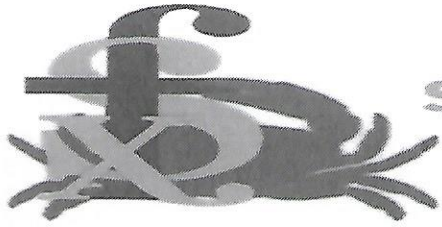
Phone # _____

___ YES ___ NO, I give my consent to use my own personal cellphone/telephone # to communicate with parents from St. Francis Xavier who have children in faith formation/sacrament preparation classes.

___ YES ___ NO, I give consent for parents from St. Francis Xavier who have children in faith formation/sacrament preparation classes to call me on my own personal cellphone/telephone #.

___ YES ___ NO, I will adhere to the following communication guidelines:

- For students in grade K through 6 all communication will be directed to the parents.
- For students in grades 7 through 12 all communication will be directed to parents. The only exception is when the student wants to ask his/her catechist a question. The catechist is to make sure both the student and parent are on the telephone line or video call at the same time when the student is going to ask his/her question. Catechists are only to answer the student's question. No additional prompting by the Catechist should be done to engage the student in further conversation.



SAINT FRANCIS XAVIER
CATHOLIC CHURCH

___ YES ___ NO, I remain legally responsible for my own personal actions.

I agree on behalf of myself, or our heirs, successors, and assigns to hold harmless and defend St. Francis Xavier, its officers, directors, employees and agents, and the Diocese of Brownsville associated with at home/in person Faith Formation and/or at home/ in person Sacrament Preparation from any claim arising from or in connection with cost/fees incurred, damage of personal property, any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and or agents, and the Diocese of Brownsville, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/dioceses.

Catechist Signature: _____ Date: _____

ADULT LIABILITY WAIVER

Each adult participant, volunteer, driver, group leader and chaperone, must sign this form.

Parish/School: St. Francis Xavier
Church

Nature of Activity: Catechist

Date: _____

Duration: _____

**RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
& MEDICAL RELEASE**

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless, and defend St. Francis Xavier Church, the Diocese of Brownsville, its officers, directors, agents, employees and representatives (“Releasees”) associated with the Activity from any all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Print Full Name

Parish/School Name

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies and/or other health conditions:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Signature _____

Date _____