

**Church of the Nativity
Religious Education Office**

6400 Nativity Lane, Burke, VA 22015
Ph: 703-455-0372 / Fax: 703-455-6832
www.edu.nativityburke.org

VOLUNTEER APPLICATION

DATE: _____

2011-2012

FOR OFFICE USE ONLY

Background Check Packet

Given / mailed to Volunteer _____

Sent to Diocese _____

____ Acknowledgment ____ Questionnaire

Code of Conduct ____ Cleared _____

VIRTUS Seminar attended _____

Fully Compliant with Policy _____

Family Code _____

Assignment _____

Volunteers are asked to comply with the requirements of the Diocese of Arlington's policy concerning the protection of children. Background checks are conducted only once and the resulting information is maintained in a confidential personnel file in the Diocesan Office of Child Protection and Safety and is not shared with other agencies.

Check (✓) appropriate boxes:

Mr Mrs Ms High School Student – Grade in September 2011 _____

NAME (Please *print*) _____

ADDRESS _____

Street

City

Zip

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

I am **RETURNING** I am a **NEW** volunteer I am **NOT RETURNING**

Teacher Assistant Teacher Substitute Babysitter Office Assistant

Grade(s) preferred _____ I do not need to be placed in my child's classroom.

If possible, place me in my child's classroom in Session # _____. Child's name _____

Number Session choices below by priority with 1 noting first choice, 2 noting second choice, etc.

_____ Session 1 (Sunday, 2:00-3:15)

_____ Session 4 (Monday, 4:00-5:15)

_____ Session 2 (Sunday, 4:00-5:15)

_____ Session 5 (Monday, 7:00-8:15)

_____ Session 3 (Sunday, 6:00-7:15)

_____ Session 6 (Tuesday, 4:30-5:45)

_____ Session 7 (Tuesday, 7:00-8:15)

Please explain any prior Religious Education teaching experience including number of years and grade(s) taught (continue on the back of this form, if necessary). _____

