

Declarations (Completion of all fields in this section is required.)

The Catholic Diocese of Green Bay (CDGB) appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application process is designed to help us provide the highest quality Catholic programs. We take seriously our responsibility to keep records confidential. This includes, without limitation, the results of investigative reports. These reports, prepared under the Fair Credit Reporting Act for the benefit of the Diocese/Catholic parishes/Catholic schools/Catholic agencies, will include criminal background checks for all and may include investigative consumer reports. **This does not give the CDGB the authorization to conduct a credit check.** All information relating to the investigative reports will be stored in a secure and locked area.

Please read and **initial** each of the statements below. (please do not use an 'x' or check mark)

_____ I understand I can withdraw from the application process at any time.

_____ I understand that information may be obtained from sources I provided on the application and this information will be held confidentially by the CDGB and its local representative(s) and not revealed to me.

_____ I understand I have an ethical duty not to disclose confidential information that I may come upon during the course of being a volunteer.

_____ I agree to observe the CDGB's and any local guidelines/policies pertaining to the programs for which I am applying.

_____ I understand the CDGB and its local representative(s) take all allegations of abuse seriously. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

_____ I understand the CDGB and its local representative(s) cooperate fully with church and civil authorities to investigate all cases of alleged abuse.

_____ I will notify my parish, school or agency and the CDGB if arrested or charged as well as if convicted.

_____ I understand that the CDGB is committed to maintaining a safe, healthy and efficient working environment for its employees/volunteers by creating a drug-free and crime-free workplace. I am aware that the CDGB may routinely complete a past employer check, a reference check, a criminal background check, a valid driver's license and driving record test. I agree to provide additional information, including fingerprints, if requested.

_____ I hereby certify that the answers given by me to the above questions and statements are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statement or omissions by me in the application, will be sufficient reason for rejection of my application or for dismissal at any time during my volunteer service, without liability to the Diocese. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection. I hereby release the Diocese of Green Bay and any and all persons, business entities and government agencies, whether public or private from any and all liability, claims and/or demands related to the providing of this information.

_____ I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.

_____ My signature indicates that I have read and understand the above stated information within this document and am signing below of my own free will.

Do not sign until you have read and initialed all of the above statements.

Printed Name _____ Signature _____

Date: ____/____/____

In accordance with the state and federal rules and to insure your privacy, this information will be maintained in a safe and secure file.

St. John the Evangelist Homeless Shelter

TB Risk Assessment Tool

Date _____

Name _____ Birth Date _____

Complete the area below:	Yes	No
Do you currently have a cough that has lasted 3 weeks or longer?		
Do you bring up anything when you cough?		
Do you cough up blood?		
Do you sweat at night enough to soak the sheets?		
Do you have fever or chills?		
Have you lost 10 pounds or more recently without trying?		
Do you have chest pain?		
Have you ever shots drugs/injected drugs with needles?		
Were you born outside the United States?		
If yes, which country?		
Have you been in prison or in jail in the past 2 years?		
Have you been around anyone who was diagnosed with TB?		
Have you ever been told you had TB?		
Have you ever had a positive TB test?		
If yes, when and where?		
Have you ever had a chest x-ray for the detection and/or ongoing treatment of TB?		
If yes, explain when, where, and the circumstances.		
Are you currently under a doctor's care for TB?		
If yes, how long, and the doctor's name.		

Signature of Employee/Volunteer

St. John the Evangelist Homeless Shelter

Employee/Volunteer Confidentiality Agreement

All employee/volunteers are responsible for maintaining and protecting the confidentiality of information as it relates to guests and St. John the Evangelist Homeless Shelter. Maintaining confidentiality will be in compliance with the law, enhance trust between the guests and St. John the Evangelist Homeless Shelter, and respect the guest's and St. John the Evangelist Homeless Shelter's right to privacy.

I, _____, as an employee/volunteer of St. John the Evangelist Homeless Shelter, do hereby affirm that I will treat all St. John the Evangelist Homeless Shelter guests and organizational information as confidential. I will not divulge any information regarding guests either directly or indirectly. I further understand that I convey information concerning guests to other employees and/or volunteers as necessary for the proper provision of service to the guests. All requests for information by professional agencies or to the individuals will be referred to the Lead Coordinator or Assistant Coordinator.

In signing this statement, I fully realize the importance of maintaining confidentiality and that a violation of confidentiality could result in immediate termination as an employee/volunteer. Should such termination occur, I understand that my obligation to protect the confidentiality of both the guest and organizational information will continue after termination of my relationship with St. John the Evangelist Homeless Shelter. I further realize that any breach of confidentiality could also result in legal action by a guest.

Signature of Employee/Volunteer _____ Date _____

Street Address _____ City/State _____ Zip Code _____