

Receive and give the gift of love like Jesus! Teach others to do the same!



St. Columba Parish School of Religious Education

A parish school of religious formation and education in the Archdiocese of New York
P. O. Box 368 Hopewell Junction, NY 12533 845 221-4900

www.stcolumbaonline.org – See RELIGIOUS EDUCATION

Application to be Catechist or Assistant Catechist

_____ For Catechist Parish: _____

_____ For Assistant Catechist Vicariate: _____

Name _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Telephone:

Home _____

Cell _____

Business _____

Present Employment _____

Are you a Catholic in good standing? _____ Yes _____ No

If no, explain:

Reception of the Sacrament of Confirmation: Date Received _____

Parish where Confirmation was received _____

How many years have you been a member of this parish? _____

If less than a year, give name and address of former parish:

Are you 18 years of age or older? _____ Yes _____ No

Why are you applying to be a Catechist in this parish? (Answer on back.)

Catechetical Background

How many years have you been a Catechist? _____

Grade Levels Taught _____

Last parish where you served as a Catechist:

Name _____

Address _____

Note: Your former parish will be asked for a statement regarding your ministry.

Are you certified in Catechist Formation level 1? Yes No

If yes: Year _____ Diocese _____

Are you certified in Catechist Formation level 2? Yes No

If yes: Year _____ Diocese _____

List any volunteer projects you have taken part in during the past five years.

List special skills and talents you have (e.g. musical, artistic, clerical):

Religious Educational Background

Check (✓) where you received your religious education.

Elementary School: Catholic School _____ Religious Ed. Program _____

High School: Catholic School _____ Religious Ed. Program _____

College: Catholic School _____ Number of Theology Credits _____

Graduate Studies Catholic Institution _____ Number of Theology Credits _____

Adult Religious Education Courses, Workshops, Seminars attended:

Topic	Number of Hours

Educational Background

_____ Completed Elementary School

_____ Completed High School

Graduated from College:

Major _____ Name of College _____

_____ Attended College but did not graduate. Number of years attended _____

Other Studies:

Studies	Length of Time

References

Give two character references from people, preferably including an employer, or supervisor, who have known you for 2 or more years.

Name _____ Relationship _____

Address _____

Phone _____ Email _____

Name _____ Relationship _____

Address _____

Phone _____ Email _____

Please note: these persons will be contacted by the Parish.

Note: The Director/ Coordinator will provide to applicant a copy of the Catechist Job Description and the Catechist Handbook.

Safe Environment

If the answers to any of the following questions are “yes”, please explain on the Termination Information Form:

Have you ever been convicted of any criminal offense? Yes _____ No _____

Have you ever had your volunteer or paid services terminated at the initiative of any parish, school or agency?

Yes _____ No _____

If yes, give explanation on Termination Information.

Has a civil or criminal complaint ever been filed against you alleging child neglect or abuse of any kind? _____

Have you ever been terminated or disciplined in your employment for reasons relating to allegations of physical abuse or sexual misconduct by you? _____

Have you ever been accused of or investigated for an act of sexual abuse or harassment of any kind? _____

I hereby certify that the information I have provided in this application and any attached documents, is complete, true and correct to the best of my knowledge. I also agree that if any event occurs that would change the answers given above, I will report that immediately to my supervisor.

I understand that it is my responsibility to comply fully with the Safe Environment Requirements of the Archdiocese of New York within 45 days of commencing my service with an Archdiocesan institution. I understand that these requirements include submitting to a background check and completing the appropriate Safe Environment Training Program.

I also understand that full compliance with these requirements is a condition of any volunteer service or employment with an Archdiocesan institution that involves regular contact with minors, and that failure to comply will result in my being barred from any contact with minors in any Archdiocesan institution.

I further acknowledge that I have received the Summary of the Archdiocese of New York’s Policy on Sexual Misconduct and the Code of Conduct. I understand their meaning, and agree to conduct myself in accordance with their terms. I acknowledge that the policy is not intended to create any contractual obligations, express or implied, on the part of the Archdiocese of New York or its affiliated entities.

_____ Signature of Applicant _____ Date

AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and "*A Summary of Your Rights Under the Fair Credit Reporting Act.*" I understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification.

Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: **[PRINT CLEARLY]**

Parish/Institution Name _____ City _____ Institution # _____

Check ONLY ONE box – for the program you facilitate the most at the Parish/Institution that you listed above :

- | | | |
|--|--|---|
| <input type="checkbox"/> Parish | <input type="checkbox"/> Misc | <input type="checkbox"/> Pre-School (stand alone) |
| <input type="checkbox"/> Religious Education | <input type="checkbox"/> High School Boys | <input type="checkbox"/> CYO-Sports |
| <input type="checkbox"/> Elementary School | <input type="checkbox"/> High School Girls | |
| <input type="checkbox"/> Agency | <input type="checkbox"/> High School Co-Ed | |

Write your Position in the above program (e.g., Administrative/Secretary, Catechist, Teacher, Teacher's Aide, CYO-Basketball).

Check ONLY ONE box: Employee Volunteer Clergy-Diocesan Clergy-Extern Clergy-Relig Order

Legal

Name: _____
 Prefix (e.g. Mr, Mrs, Ms) First Middle Last Suffix

Other name used (e.g., nickname, maiden name, religious name, or divorced name) _____

Current Address (NO PO Boxes) _____ Apt _____ City _____ State _____ Zip _____

Prior Address (NO PO Boxes) _____ Apt _____ City _____ State _____ Zip _____

Date of Birth* ____/____/____
Month Day Year

*Date of Birth is **REQUIRED**; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

Social Security# (U.S. Issued Only): _____ - _____ - _____

SSN is **REQUIRED; If the individual is a foreign citizen and does not have an SSN, leave blank & attach a government issued picture ID to this form.

Daytime Telephone Number: (_____) - _____
Area Code Number

Signature: _____ Date: _____

Parent's Signature (for minors): _____

For Office Use Only
Received: ____/____/____
Entered: ____/____/____

Revised Form 9/2016

FAX OR SCAN FROM THE PARISH/INSTITUTION TO THE SAFE ENVIRONMENT OFFICE AT: (212) 421-1801

Termination Information (Application for Catechist & Assistant Catechist)

Confidential Information

Parish _____

Applicant _____

Explanation of previous services termination:

Explanation of conviction for criminal offense: _____

Signature of Applicant _____ Date _____

Signature of Pastor _____ Date _____

Catechist's Emergency Medical Information

Confidential Information to be kept in Catechist file in sealed envelope and opened ONLY in case of emergency

Name of Catechist _____

Home Address _____

Name of Person to be contacted in emergency: _____

2 phone numbers: _____

Name of Physician to be contacted _____

Physician's Phone Number _____

Chronic conditions that might affect treatment (e.g. diabetes)

Are you on medication that might affect treatment? _____ Yes _____ No

If yes, name medications and give dosage.

Specify any allergies to medications or other allergies

Is there anything else an EMT or physician would need to know about you?