

# ADULT VOLUNTEER MINISTRY COVENANT AGREEMENT

## *Marianist Family Retreat Center*

THE FOLLOWING INFORMATION IS NEEDED TO COMPLETE THE PROCESS FOR YOUR BEING INVOLVED AS A VOLUNTEER STAFF MEMBER. THE INFORMATION IS CONSIDERED CONFIDENTIAL, AND WILL NOT BE SHARED WITH ANYONE EXCEPT THOSE LEADERS WHO NEED IT TO FULFILL THEIR RESPONSIBILITY IN THE AREA OF SERVICE IN WHICH YOU WILL BE INVOLVED.

### I. PERSONAL INFORMATION *(Please Print)*

Title (circle one) Mrs. Ms. Miss Mr. Rev. Bro. Sr. Rev. Mr.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

II. The following information is requested in accord with The Marianist Family Retreat Center and Marianist Province of the US policy.

Please respond to the following statements:

1. Have you been terminated from employment or volunteer service due to suspected or alleged child abuse?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you ever been accused of, charged with, or convicted of child abuse or sexual abuse?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered Yes to either questions 2 or 3 above, please indicate which one and explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever had your volunteer or paid employment services terminated at the initiative of any church, school, or agency or institution for any reason?

\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain below)

\_\_\_\_\_  
\_\_\_\_\_

**(Continued on Reverse)**

### III. Background Check Requirement

#### 1. Criminal History Background Check:

**If you are 18 years old+** please provide your Social Security Number so that a Criminal Background Check can be completed prior to your service at the Center.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Do not supply this if under 18)  
(If you would prefer to call with your SSN please mark here \_\_\_ and call 609-884-3829)

#### IV. This section is to be completed by the volunteer:

*“The information I have given in this covenant agreement is accurate. I will serve as a volunteer to the best of my ability in accord with the policies of the Marianist Family Retreat Center.*

Furthermore, I authorize The Marianist Family Retreat Center (the “Center”) of 417 Yale Ave. Cape May Point, NJ to conduct a criminal history check as a basis of my placement as a volunteer with the Center. I understand and agree that I am to report any changes in my criminal history to The Marianist Family Retreat Center (the “Center”) of 417 Yale Ave. Cape May Point, NJ.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNLESS NOTIFIED TO THE CONTRARY, WE ACCEPT YOUR COMMITMENT TO BE A VOLUNTEER.**

#### **FOR OFFICE USE ONLY**

The following is to be completed by the Center Director of the Retreat House or other designated staff member:

Approved \_\_\_\_\_

Non-Acceptance \_\_\_\_\_ Notified of Non-Acceptance \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Criminal History Background Check Complete (date): \_\_\_\_\_

Reference Checked: \_\_\_\_\_