

**ST. WILLIAM THE ABBOT CHURCH  
SEAFORD, NEW YORK**

**VOLUNTEER CODE OF CONDUCT**

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct:

**As a volunteer, I will:**

- Treat everyone with respect. loyalty', patience, integrity. courtesy, dignity. and consideration.
- Avoid situations where I am alone with children and/or youth at parish activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parent or guardian and the pastor.
- Report suspected abuse to the pastor, or appropriate supervisor and the local Child Protection Service agency or other civil authorities.
- Cooperate fully in any investigation of abuse of children and/or youth.

**As a volunteer, I will not:**

- Smoke or use tobacco products in the presence of children and/or youth.
- Use possess, or be under the influence of alcohol at any time while volunteering.
- Use possess or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank. shake, or slap children and/or youth.
- Humiliate. ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take any action as outlined in this Code of Conduct may result in my being asked to no longer volunteer in my parish.

---

Volunteer's Printed Name

---

Volunteer's Signature

---

Date

**THE ROMAN CATHOLIC CHURCH OF ST. WILLIAM, AT SEAFORD, IN THE COUNTY OF NASSAU,  
IN THE STATE OF NEW YORK**

**RELEASE STATEMENT**

1. In connection with my registration as a Volunteer for The Roman Catholic Church of St. William, at Seaford, in the County of Nassau, in the State of New York (hereinafter, parish) I understand that a report will be requested that will include information as to my possible criminal history, valid social security number and/or registration in any state's sex abuse registry.
2. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by the parish or its designee, to furnish the information requested by the diocese.
4. I understand that the information requested will be used in connection with my application to serve as a volunteer in the parish and for no other purpose.
5. I understand that in the event that the information is returned outlining possible criminal convictions or other information that makes me ineligible to serve as a volunteer in the parish that I will have the opportunity to review any such information and correct any information that I may believe to be wrong by contacting the vendor directly. The current vendor being used to conduct the searches is, United States Mutual Association (USMA) a division of United States Investigation Services (USIS) located at USMA, 4500 S. 129<sup>th</sup> E. Avenue Suite 200, Tulsa, OK, 74134-5885. They can also be reached by calling 1-877-858-4165.

I hereby release the diocese and all persons, agencies, and entities providing information or reports about me from any liability arising out of requests for or release of any of the above-mentioned information or reports.

---

Last Name

First Name

Middle

---

Please list any other names used

---

Home Address

City

State

Zip Code

---

Social Security Number

Date of Birth

---

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

---

Signature

Today's Date

Church of St. William the Abbot, 2000 Jackson Avenue, Seaford, NY 11783

Please return to: St. William the Abbot  
Att.: Father William E. Koenig  
2000 Jackson Avenue  
Seaford, NY 11783

**Form A (Beige) Volunteer Ministry Registration**

Many people generously offer their time and talent to our parish/school in a variety of ministries which teach, serve, and reach out to members of our community. We want to have a record of all those involved in ministries in our church community. Volunteers in specific ministries will be asked to provide additional information. Please take a few moments to complete this form. Thank you.

Please PRINT your name: \_\_\_\_\_  
\_\_\_\_\_ NY ZIP CODE \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ e-mail \_\_\_\_\_

Please tell us a little about yourself ...

\_\_\_\_\_

Are you retired? Yes No

What has been your most recent/current work experience?

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

\_\_\_\_\_

What gifts, talents, skills do you bring to your participation in church ministry?

\_\_\_\_\_

\_\_\_\_\_

How long have you been a member of our parish? \_\_\_\_\_

Before belonging to our parish, to what parish/church did you belong? \_\_\_\_\_

What volunteer or ministry experiences have you had in the past? (Include non-church-related activities, too.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some reasons that you are involved, or want to be in volunteer ministry?

\_\_\_\_\_

**Form A (Beige) Volunteer Ministry Registration CONTINUED**

What ministries are you either currently involved in or looking to be involved in at our parish/school?

Check column #1 if currently involved

Check column #2 if you are interested in.

Column #3 indicates the Forms that have to be completed for that ministry

| MINISTRIES                     | 1 | 2 | 3           | MINISTRIES              | 1 | 2 |             |
|--------------------------------|---|---|-------------|-------------------------|---|---|-------------|
| Abbey                          |   |   | A           | Junior Lectors          |   |   | A           |
| Adult Antioch                  |   |   | A           | Lectors                 |   |   | A           |
| Adult Choir                    |   |   | A           | Legion of Mary          |   |   | A           |
| Advocacy                       |   |   | A           | Ministry of Consolation |   |   | A           |
| Altar guild                    |   |   | A           | Moms & Tots – Friday    |   |   | A, B & C    |
| Altar Servers                  |   |   |             | Moms & Tots – Wed.      |   |   | A,B, C      |
| At Home Retreats               |   |   | A & D       | Nocturnal Adoration     |   |   | A           |
| Auction                        |   |   | A           | Outreach                |   |   | A, B, C & D |
| Baptism Prep.                  |   |   | A           | Over 50 Group           |   |   | A           |
| BINGO                          |   |   | A           | P.E.P.                  |   |   | A, B, C     |
| Bishop's Appeal                |   |   | A           | Parish Liturgy          |   |   | A           |
| Blood Drive                    |   |   | A           | Pre -Cana Secretary     |   |   | A           |
| Boy Scouts                     |   |   | A, B, C     | Pre -Cana               |   |   | A & D       |
| Buildings & Grounds            |   |   | A           | Rainbows                |   |   | A, B, C     |
| Carmelites                     |   |   | A           | RCIA (Adults)           |   |   | A           |
| Charismatic Prayer             |   |   | A & D       | RCIA (Child)            |   |   | A, B, C     |
| Christmas Fair                 |   |   | A           | Religious Education     |   |   | A, B, C     |
| Contemporary Choir             |   |   | A           | Rosary Society          |   |   | A           |
| Cub Scouts                     |   |   | A, B, C & D | School Board            |   |   | A           |
| CYO                            |   |   | A,B,C       | Small Christian Comm.   |   |   | A & D       |
| Eucharistic Ministers          |   |   | A           | Spring Fair             |   |   | A           |
| Family Festival                |   |   | A           | St. Vincent de Paul     |   |   | A, B, C & D |
| Family Liturgy                 |   |   | A,B,C       | St. William School      |   |   | A, B, C     |
| Family Mass choir              |   |   | A,B,C       | Stewardship             |   |   | A           |
| Finance                        |   |   | A           | Technology Committee    |   |   | A           |
| First Fri. Silent Adoration    |   |   | A           | Ushers                  |   |   | A           |
| Folk Group                     |   |   | A           | Wedding Rehearsals      |   |   | A           |
| Fun with God                   |   |   | A, B, C     | Welcoming Committee     |   |   | A           |
| General Office Help            |   |   | A           | Youth Ministry          |   |   | A, B, C & D |
| Girl Scouts                    |   |   | A, B, C & D |                         |   |   |             |
| H.S.A.                         |   |   | A           |                         |   |   |             |
| Homebound Eucharist. Ministry. |   |   | A,B, C      |                         |   |   |             |
| Hospitality                    |   |   | A           |                         |   |   |             |
| Human Life                     |   |   | A           |                         |   |   |             |

Please sign here: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to give us this information.

Please return to: St. William the Abbot  
Att.: Father William E. Koenig  
2000 Jackson Avenue  
Seaford, NY 11783

CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

**Form B (Green) Reference and Additional Information**

Throughout the country, volunteer organizations and churches are being asked to keep confidential information on file for volunteers who work in specific areas. This is done to assure the safety of children, the elderly and the volunteers themselves. The information on this form stays in a confidential file in our parish/school and is not shared with any outside organizations or institutions.

Your name \_\_\_\_\_ Ministry(ies) \_\_\_\_\_

Please name two individuals who are familiar with you and your ability to work as a volunteer. Prior volunteer supervisors are preferred.

#1 Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Business Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

#2 Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Business Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

---

**Affirmations**

a. Have you ever had your volunteer service terminated by any parish, agency, or organization?

Yes No (If yes, please explain on reverse side.)

b. Have you ever been convicted of a criminal offense?

Yes No (If yes, please explain on reverse side.)

c. Have you ever committed, been charged with, or been convicted of physical or sexual abuse, neglect or misconduct in any form?

Yes No (If yes, please explain on reverse side.)

d. Have you every been convicted of a drug related offense?

Yes No (If yes, please explain on reverse side.)

e. Do you currently use illegal drugs?

Yes No (If yes, please explain on reverse side.)

**Form B (Green) Reference and Additional Information CONTINUED**

f. Have you every had your license revoked, suspended or denied?

Yes No (If yes, please explain below.)

g. Are you aware of any situation that would affect your ability to serve as a volunteer?

Yes No (If yes, please explain below.)

**Explanations:**

Please use the space below to explain the circumstances of any areas where you answered “yes” above.

---

---

---

---

**Authorization and Release**

**I understand that the information I have provided may be verified by contacting persons or organizations that may have information concerning me. I also understand that my giving any false or misleading information on this application will be cause for immediate termination of my volunteer service/ministry.**

**I agree to inform the parish/school if any of the foregoing information changes.**

**I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the parish/school, Diocese of Rockville Centre, and the officers, directors, employees and volunteers thereof.**

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

Please return to: St. William the Abbot  
Att: Father William E. Koenig  
2000 Jackson Avenue  
Seaford, NY 11783

CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

**Form C (White) Reference Letter**

Throughout the country, volunteer organizations and churches are asking their volunteers to provide references. This is done to assure the safety of children, the elderly and the volunteers themselves. The information on this form stays in a confidential file in our parish/school and is not shared with any outside organizations or institutions.

*Instructions to Volunteer Minister: Please fill out the top portion of this form, sign it, and give to a person you ask to be your reference. Ask him/her to return it directly to the parish.*

Re: Name of Volunteer Minister: \_\_\_\_\_

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

Dear \_\_\_\_\_

(Name of parish/school)\_\_\_\_\_ has asked its volunteer ministers to provide references. I hereby release you to provide answers to the questions provided and to make comments concerning my abilities and general character. Thank you.

Signature of volunteer minister \_\_\_\_\_

\_\_\_\_\_  
*Instructions to person giving this reference: Please fill in this portion of the form and return it to the person listed at the top of this page.*

Please PRINT your name: \_\_\_\_\_

a. How long have you known the person indicated above? \_\_\_\_\_

b. In what capacity do you know this person? \_\_\_\_\_

c. Are you aware of any circumstances or situations where you would question this person's ability to be trusted with the care of others? \_\_\_\_\_ If yes, please explain:

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

Continued on other side.

**Form C (White) Reference Letter CONTINUED**

d. Do you have any reservations regarding this person as a volunteer? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

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

e. Please feel free to make additional comments concerning this individual, including what you see as his/her special strengths and talents.

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

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

Address \_\_\_\_\_

Street, city, state, zip

Thank you for your help in providing this reference.

Church of St. William the Abbot, 2000 Jackson Avenue, Seaford, NY 11783

Please return to: St. William the Abbot  
Att: Father William E. Koenig  
2000 Jackson Avenue  
Seaford, NY 11783

CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL

**Form D (Yellow) Driver/Home Registration**

**Complete only where applicable. The purpose of this form is to provide information concerning drivers, vehicles, and homes used for ministry purposes.**

**Volunteer Minister**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street, city, state, zip

New York State Drivers Lic.#: \_\_\_\_\_

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

**Vehicle:** *Vehicle to be used by volunteer for ministry*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do you own vehicle? Yes No

Insurer: \_\_\_\_\_

List and describe serious accidents or moving violations in the past 5 years.

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

I agree that I will not allow smoking when children are present in my vehicle.

*Please attach a copy of your driver's license & insurance ID Card to this form.*

Continued on other side

**Form D (Yellow) Driver/Home Registration CONTINUED**

**Home/Premises:** *Address to be used for ministry*

Address \_\_\_\_\_  
Street, city, state, zip

Do you: Own Rent

Insurer: \_\_\_\_\_

**Affirmations:** (Please place your initials after each statement if “True.” All statements not affirmed must be fully explained below.)

a. I am not aware of any conditions within my household that would cause concern \_\_\_\_\_  
or harm to someone entrusted to my care.

b. I certify that I am currently licensed to drive by the State of New York. \_\_\_\_\_  
I will require all passengers in my vehicle to wear seatbelts.

c. I agree that I will not allow smoking when children are present in my home. \_\_\_\_\_

**Explanations:** *(Please use this space to provide additional information.)*

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

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