

St. Gabriel Catholic Church

3016 Providence Road, Charlotte, NC. 28211

Tel: 704.364.5431 ~ Fax: 704.362.5049

VOLUNTEER POLICIES: SAFE ENVIRONMENT CHECKLIST

- Protecting God's Children training:** *If your ministry (s) involves children or vulnerable adults, you must attend this training prior to volunteering*. If you have completed the class, provide a copy of your certificate of completion OR the _____ (year) _____ (location) where you attended class.*
- Volunteer Profile** – complete form, sign, date and return*.
- Background Check** – complete form, sign, date and return*. This must be renewed every five years.
- Read and sign acknowledgement *below* of **Policy of the Diocese of Charlotte Concerning Ministry Related Sexual Misconduct by Church Personnel.** *
- Read and sign acknowledgement *below* of **Diocese of Charlotte Code of Ethics.** *
- Approved Driver Status - only** volunteers who come to the Church campus and drive from campus on behalf of a St. Gabriel Ministry must complete and submit this form* along with a copy of their driver's license. A current motor vehicle record check will be performed.

*Find training class schedules, forms and documents online at www.stgabrielchurch.org/safe-environment and at the church office.

Submitting Completed Forms:

Completed and signed forms should be returned to the church office in a sealed envelope to the attention of one of the following. These can be dropped off at the reception desk (Ministry Center 3rd floor) or mailed to: St. Gabriel Catholic Church, 3016 Providence Road, Charlotte, NC 28211. **All information provided is kept strictly confidential.**

- Ana Lothspeich for volunteers in the St. Gabriel Athletic Association and all vulnerable adult ministries
- Susan Krasniewski for volunteers in faith formation, babysitting and youth groups
- Larry Stratemeyer for all volunteers in all music ministries
- Claudia Goppold for volunteers who handle parish monies

ACKNOWLEDGEMENT OF RECEIPT DIOCESE OF CHARLOTTE SAFE ENVIRONMENT POLICIES

This will acknowledge that I have personally read or have had read to me the following. I understand the contents and agree to comply with them.

- **Policy of the Diocese of Charlotte Concerning Ministry Related Sexual Misconduct by Church Personnel**
- **Diocese of Charlotte Code of Ethics**

Printed/Typed Name

Ministry (s)

Signature

Email Address

Date

For Office Use Only:

Received initial _____ date _____

PDS initial _____ date _____