



**CATECHIST OR TEACHER AIDE APPLICATION**  
 Immaculate Conception-Assumption of Our Lady  
 Parish Religious Education Program



53 Winter Hill Road, Tuckahoe, NY 10707  
 PREP Office 961-1076 Email: [sr.cora@icc-coa.org](mailto:sr.cora@icc-coa.org)

**CONTACT INFORMATION**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

_____ Catechist _____ Aide
_____ Wednesday 4:15-5:30 PM
_____ Wednesday 6:45-8:00 PM
_____ Sunday 10:30-11:45 AM

**PHONE NUMBERS**

Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
 Occupation \_\_\_\_\_ Present Employment \_\_\_\_\_  
 Are you 18 years old or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SACRAMENTAL INFORMATION** *List the Church where these Sacraments were received and the date.*

Baptism \_\_\_\_\_  
 Eucharist \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 Marriage \_\_\_\_\_  
 How long have you been a member of IC/A Parish? \_\_\_\_\_  
 To what other parish have you belonged? \_\_\_\_\_  
 How long were you a member? \_\_\_\_\_  
 Are you a Catholic in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Why are you applying to be a Catechist?** (Answer below.)

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

**CATECHETICAL BACKGROUND**

Were you a Catechist before? \_\_\_\_\_ Yes \_\_\_\_\_ No For how long? \_\_\_\_\_

Grades I've Worked With... (Please, circle all that apply.)      Primary      Intermediate      7<sup>th</sup>-8<sup>th</sup>

Where else have you served as a Catechist? *Your former parish will be asked for a statement regarding your ministry.*

Parish Name \_\_\_\_\_ Address \_\_\_\_\_

**CONTINUING RELIGIOUS FORMATION**

Do you have Level 1 Certification?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Year \_\_\_\_\_  
 Do you have Level 2 Certification?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      Year \_\_\_\_\_  
 Will you work for certification as a Catechist?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you participated in any volunteer projects during the past 5 years? Please, list below.

\_\_\_\_\_  
\_\_\_\_\_  
List special skills and talents you have (musical, artistic, clerical).

**RELIGIOUS EDUCATIONAL BACKGROUND** *Where have 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 include the topic and number of hours.

**Topic** **Number of Hours**

**EDUCATIONAL BACKGROUND**

\_\_\_\_\_ Completed Elementary School \_\_\_\_\_ Completed High School  
\_\_\_\_\_ Graduated from College: Major \_\_\_\_\_  
College \_\_\_\_\_ Attended College but did not graduate. Attended for \_\_\_\_ years.  
Have you studied anything else? For how long?

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

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

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**SAFER SPACES VIDEO ... Required by the Archdiocese of New York!**

\_\_\_\_\_ I **watched** the video. *List date.* \_\_\_\_\_

\_\_\_\_\_ I **need to** watch the video.

**BACKGROUND CHECK**

\_\_\_\_\_ I've submitted a **Background Check**. \_\_\_\_\_ (Year)

\_\_\_\_\_ I **need** to submit a **Background Check**.

*Please, complete the last page of this document and submit with application.*

**SAFE ENVIRONMENT**

If you answer **yes** to any of the following questions, 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*

**TERMINATION INFORMATION**

**Confidential Information**

*Immaculate Conception-Assumption of Our Lady*

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***

*Please place in a sealed envelope and submit with application.*

*Note: This will only be opened ONLY in case of emergency*

**Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Person to be contacted in emergency

Two Emergency Phone Numbers

**Name of Physician** to be contacted \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

***Do you have a 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.

***Are you allergic to any specify medications or other substances?***

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

**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,*” 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): \_\_\_\_\_

<b>For Office Use Only</b>
Received: ___/___/___
Entered: ___/___/___

Revised Form 9/2016

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