Metropolitan Tribunal

ARCHDIOCESE OF ATLANTA

Dear Applicant,

Thank you for your interest in becoming an Advocate in the Metropolitan Tribunal of the Archdiocese of Atlanta.

The work of Advocates is to assist both Catholics and non-Catholics requesting an examination of the validity of a prior marriage. Advocates are trained through a distance-learning program administered by the Tribunal. Upon successful completion of the coursework, candidates are recommended to the Archbishop for approval to serve as Advocates in the Metropolitan Tribunal. Once trained Advocates are equipped to:

- Assess a petitioner's circumstances and determine the most appropriate process(es);
- Carefully explain the process(es) needed and what is required of the petitioner;
- Assist the petitioner in writing a narrative concerning the prior marriage, when needed;
- Propose grounds when required in a case;
- Carefully examine each application for completeness and accuracy prior to submission;
- Provide prompt responses to the petitioner's phone calls and emails;
- Provide prompt responses to letters, phones calls, and emails from the Tribunal;
- Assist the petitioner in the protection of their rights;
- Submit a well-argued, well-written brief to the Tribunal in a timely manner.

Along with your application to the Tribunal Advocate Program you will need to submit a letter of recommendation from your pastor if you are not already a current Case Sponsor. You will also need to complete the VIRTUS safe environment program and a background check. If you are an active volunteer at your parish you may have already fulfilled these requirements. Contained in this packet is the Volunteer Application and Background Check paperwork. To sign up for the VIRTUS program please visit the Archdiocesan Safe Environment Training webpage. If you have any questions, please call Christine DiMartino, Senior Office Administrator of the Metropolitan Tribunal at 404-920-7509 or cdimartino@archatl.com.

Once you have fulfilled the above requirements and have been accepted for training you will receive information regarding your first lesson. Please feel free to contact me at 404-920-7501 or jtovar@archatl.com if you have any questions.

Yours in Christ,

Joe F. Tovar Chief Advocate

Her F. Twan

Enclosures

TRIBUNAL ADVOCATE PROGRAM APPLICATION

NAME	•			
				describe
ADDRI	ESS:			
EMAIL	(S):			
PHON				Other
PARIS				
MARIT	AL STATUS:			
	If you are married, were Have you ever been div Was the marriage annul If you remarried, Is your by the Catholic church?	orced? led?		
EMPLO	OYER:			
	Job Title:			
FOREI	GN LANGUAGE SKILL	S:		
	DU HAVE ANY SPECIAL TRY: If yes, please describe			
	Faith Formation: Catech	nist Adult As	sistant Catechist	Youth
	Education: RCIA Team Liturgy: Lector Service: Ministry to the Other (please describe):	Communion Sick C		Usher
	check? If yes, when did you cor	nplete the traini	ng?	Training and Background Environment paperwork is required)
	YOU EVER BEEN INVO If so, in what role? If as a Case Sponsor, w			

Name:	
AVAILABILITY : When does your schedule allow meetings: Day	Evenings Weekends
Do you have transportation available to you? Ye	· · · · · · · · · · · · · · · · · · ·
Are you regularly absent from the Archdiocese for	
Is there anything that would seriously limit your av	•
If yes, please describe	•
yes, please describe	
DISCERNMENT: Advocacy is a ministry to which want to be an Advocate?	God calls us to use our gifts for others. Why do you
Which of your gifts will be especially helpful to this	s ministry?
Do you have experience in counseling or advocade of the second of the se	cy? Yes No
Is there anything else we should know about you	with regard to this ministry?
Signature	Date
OFFICE USE ONLY:	
Recommendation letter from Pastor	
Is this an Active Volunteer in the pa	rish in the past year?
Date of <u>VIRTUS Protecting God's C</u>	hildren Training
Date of Background check, Voluntee	er Application, Acknowledgement Forms
Date completed Advocate Training 0	Course
Date Approved by Judical Vicar	
Date of Oath of Office	



VOLUNTEER APPLICATION

ARCHDIOCESE OF ATLANTA (Unpaid Workers)

Parish/School/Agency Name:

Volunteer Profile

The climate in the United States at this point in history is such that a concern about potential liability is raised in every sector of American life, including the Church. This is coupled with a heightening awareness of a responsibility to ensure that those who act in the name of the Church would never violate basic Christian decency.

In order to protect the Church, those whom it serves and those who serve it, we ask you to complete the form below. A physical copy of each application for volunteer service will be kept on file for one (1) year following the termination of the volunteer's service, and an electronic copy of the application will be kept for fifty (50) years following the destruction of the physical document.

Name:(Last)	(First)	((Middle Initial)
Address:(Street)	(City)	(State)	(Zip)
Home Phone:	Business Phone:		
Cell Phone:	E-mail Address:		
Date of Birth:///	Social Security Number:	<u> XXX</u> – <u>XX</u>	
Please list your last three volunteer ctivities, starting with the most recent.	If yes, give a short explanation of the comindicate the date, nature, and place of the to the complaint, where the complaint was disposition of the complaint.)	ncident leading	FOR PARISH/SCHOOL/AGENCY USE ONLY INTERVIEWED By: Date:
ERSONAL INFORMATION Have you ever been charged with, rrested for, or convicted of a crime other nan a minor traffic violation? Yes \sum No f yes, explain fully the circumstances. Such charge or conviction may be	4. Have you ever terminated your emp your employment terminated for reas allegations of physical abuse by you? If yes, please give a short explanation of the disposition of the allegations, and you the time, including your employer's nartelephone number. e. Have you ever received any medical tre physical or psychological, for reasons involutionabuse or sexual abuse by you? If yes, give a short description of the treatment.	ons relating to Yes \sum No The allegations, our employer at me, address and atment, olving physical No	POSITION ASSIGNED: a. Is the position to which the volunteer has been assigned one that requires screening? YesNo. If yes, has the screening been completed?YesNo. b. Is the position to which the volunteer has been assigned one that requires that references be contacted?YesNo If yes, have the references been contacted? YesNo.
elevant if job related, but does not bar ou from volunteering.) . Have you ever been the subject of an exusting an allegation of exual abuse? Yes No f yes, please explain:	date(s), nature and locations(s), identifying physician with name, address, and telepho IMPORTANT: Volunteers who will have any contact and/or vulnerable individuals must co	g the treating one number.	Signature of Supervisor/ Department Head Date ACCEPTED:
. Has a civil or criminal complaint ever een filed against you alleging physical buse or sexual abuse? ☐Yes ☐No	Safe Environment requirements which Volunteer application Background screening* Acknowledgement of Archdioce Environment policies Safe Environment training – VII Protecting God's Children	esan Safe	*Background screenings can only be processed if candidate has a valid social security number.

Date

Signature of Applicant

*Background screenings can only be processed if candidate has a valid social security number. Volunteers without a SSN, must provide the locations with three references and the references must be checked prior to beginning any volunteer work.



Acknowledgment of Receipt and Compliance Safe Environment Standards of Conduct Archdiocese of Atlanta



The Archdiocese of Atlanta ("Archdiocese") has adopted polices and standards of conduct as an integral part of its Safe Environment program. These policies and standards of conduct are contained in the Archdiocese's Safe Environment booklet incorporating each of the following:

- Sexual Abuse Policy
- Code of Conduct
- Ministerial Standards for Adults Who Have Regular Contact with Children and/or Vulnerable Individuals
- Policy concerning the Protection of Disabled Adults and Elder Persons
- Social Media Policy

By signing below, I hereby acknowledge that I have received information on how to find a copy of the Safe Environment policy booklet in the Archdiocesan website and that I have read the booklet in its entirety, including each of the policies and standards of conduct described above, and I agree to conduct myself in full compliance with all Safe Environment policies and standards of conduct stated in the Safe Environment booklet and as may be adopted by the Archdiocese in the future. This also confirms that I will attend a VIRTUS Protecting God's Children training before I begin paid or volunteer work for the Archdiocese of Atlanta or within 60 days of my scheduled start date*. I understand that the Archdiocese shall rely on this signed Acknowledgment of Receipt and Compliance to ensure my acceptance and full agreement with all said Safe Environment policies and standards. This signed Acknowledgment will be maintained in my personnel file.

*The 60 day grace period is ONLY applicable for employees and/or volunteers who DO NOT work with children and/or vulnerable adults.

Name:_			
[I	Please type or print]		
Signatui	re:		Date:
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Parish/S	School/Organization:		
Please cl	heck one:		
P	riest		Employee
C	Order Priest		Independent Contractor
D	Deacon		Volunteer
R	eligious Brother or Sister		
S	eminarian		
A	spirant/Candidate to Permar	nent Diaconate	





Consent to Request	Consumer I	Report & In	vestigat	ive Consu	ımer Rep	ort Inf	format	ion			
Applicant's First Name or Initial Last	t Name		<u> </u>		<u> </u>	1 1		1	<u> </u>		
I understand that the Archdiocese of Atlan NY 10011, (877) 424-2457 to obtain a process. I also understand that if hired, to update, renew or extend my employment.	a consumer	report and/o	or invest	igative co	nsumer i	report	("Repo	rt") a	as pai	rt of th	e hirin
I understand Sterling InfoSystems Inc.'s ("STERLING") investigation may include obtaining information regarding my cree background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and crimin record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other person who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with other whom I am acquainted.											support crimina obtaine person may b
The nature and scope of the investigation s	ought is indic	cated by the	selected	services	below: (E	mploy	er Use	Only	y)		
Criminal Background Check	Education	n Verification			Sex Off	ender S	Search				
SSN Trace	Employm	ent Verificat	ion		OFAC/	Γerroris	st Watc	h List			
☐ Motor Vehicle Report	Personal	Reference			Fraud (FACIS		ıse Co	ontrol	Info	Syste	em
Consumer Credit Report	Professio	nal Certification			Office (OIG)	of Ins	pector	Gen	eral	Sanctio	ins
Other Please List:											
I acknowledge receipt of the attached sum state summary of rights (collectively "Sumi			the Fair	Credit Re	porting A	ct and	, as red	quirec	d by la	aw, any	relate
This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of summaries of Rights.										Repor	
I hereby consent to this investigation and a	authorize CON	/IPANY to pro	cure a R	eport on	my backg	round.					
In order to verify my identity for the pur number and the other information and fu reasons.											
The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquirie regarding the investigative consumer report is:										nquirie	
Sterling Infosystems, Inc. 249 W 17 th St. 6 th Floor, New York, NY 10011 877-424-2457 or 5750 West Oaks Boulevard, Ste. 10 Rocklin, CA 95765 800-943-2589 or 629 Cedar Creek Grade, Winchester, VA 22601 866-266-3444										Ste. 10	
California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only: I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)										t a cop	
California, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE): I furth understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacululess: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Connecticut a Vermont only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial											capacity icut and it mus seeking y of th

Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the





employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (viii) the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below) (Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii)) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth,, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

Bona fide reasons why COMPANY considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California and Vermont the COMPANY'S basis for the credit check.

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website http://sterlinginfosystems.com/privacy to view STERLING'S privacy practices, including information with respect to STERLING'S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

Signature: Today's Date:





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Signature



Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness
 based on information from credit bureaus. You may request a credit score from consumer reporting agencies that
 create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some
 mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that
 is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless
 your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.

 Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer
 reporting agency may not report negative information that is more than seven years old, or bankruptcies that are
 more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not
 give out information about you to your employer, or a potential employer, without your written consent given to the
 employer. Written consent generally is not required in the trucking industry. For more information, go to
 www.ftc.gov/credit.





- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer
 reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in
 state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed	Federal Trade Commission: Consumer Response Center –
below	FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks	Office of the Comptroller of the Currency
(word	Compliance Management, Mail Stop 6-6 Washington, DC
"National" or initials "N.A." appear in or after bank's name)	20219 800-613-6743
Federal Reserve System member banks (except national	Federal Reserve Consumer Help (FRCH)
banks,	P O Box 1200
and federal branches/agencies of foreign banks)	Minneapolis, MN 55480
	Telephone: 888-851-1920
	Website Address: www.federalreserveconsumerhelp.gov
	Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks	Office of Thrift Supervision
(word	Consumer Complaints
"Federal" or initials "F.S.B." appear in federal institution's name)	Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear	National Credit Union Administration
in	1775 Duke Street
institution's name)	Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal	Federal Deposit Insurance Corporation
Reserve	Consumer Response Center, 2345 Grand Avenue, Suite
System	100
	Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former	Department of Transportation , Office of Financial
Civil	Management
Aeronautics Board or Interstate Commerce Commission	Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture