

VOLUNTEER APPLICATION FORM

This form is to be completed, signed and returned to the Volunteer Coordinator at the parish, school or agency at which you wish to provide volunteer services. A copy of this completed form will be kept on file.

Last Name				First		Middle		Last 4 digits of SSN				Date					
Present Street Address				City		State		Zip		Daytime Phone				Evening Phone			
Permanent Street Address (if different from present address)								Cell Phone				E-mail Address					

Have you ever volunteered for a Diocesan location? ☐ yes ☐ no Are you 18 years of age or older? ☐ yes ☐ no
If yes, give details: _____

I am interested in VOLUNTEERING at: ☐ school _____; ☐ parish _____; ☐ agency _____

Interested in volunteering for ☐ school activities ☐ religious education ☐ youth ministry ☐ coaching ☐ other _____

I am available ☐ mornings ☐ afternoons ☐ evenings ☐ weekdays ☐ weekends Date available _____

Volunteer Activities

Please list all current and previous volunteer activities beginning with your current or most recent position first. Use additional pages if needed. Include any other names worked under if different from the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			

References

Please provide two personal/professional references. If you have resided in this area for less than two years, please provide at least one reference from your previous area of residence.

Name			Name		
City	State	Phone	City	State	Phone
Relationship		Years Known	Relationship		Years Known

IMPORTANT – Please read and sign below

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from any and all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

Print Name: _____
Signature: _____
Date: _____