

VOLUNTEER APPLICATION FORM

APPLICANT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
ADDRESS:	CITY:	ZIP CODE:	
HOME PHONE:	CELL PHONE:		
DATE OF BIRTH:	SOCIAL SECUR	RITY NUMBER:	
E-MAIL ADDRESS:	HIGHEST LEVEL O	HIGHEST LEVEL OF EDUCATION COMPLETED:	
OCCUPATION:	CURRENT EMPLOYER:		
EMERGENCY CONTACT NAME:		PHONE:	
REFERENCES AND BACKGROUND CHECK			
Please provide name and phone of two person	al references)		
1. NAME:	RELATION	RELATIONSHIP TO YOU:	
ADDRESS:	CITY:	ZIP CODE:	
2. NAME:	RELATION	ISHIP TO YOU:	
ADDRESS:	CITY:	ZIP CODE:	
Have you ever been convicted of, pled guilty or	no contest to an offense (including felony, mi	sdemeanor, or municipal ordinance) or are you now	
subject to a pending criminal charge?			
*YES NO *IF YES, PLEASE EXPLAIN:			
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Note: Convictions are not an automatic bar to al	l participation as a volunteer. Each case is o	considered on its own merit.	
NFORMATION ABOUT YOUR VOLUNTEER I	NTERESTS		
WHAT POSITION / ROLE DO YOU DESIRE TO F	LL AT THE PARISH / SCHOOL:		
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PLEASE LIST YOUR RELATED SKILLS OR EXPERIENCES:				
WILLS I ANOLIAGE OVILLO COULD VOLLOCATRIBUTE: /F.O. CICALI ANOLIAGE L'ANOLIAGE VOL	LODEAK OTHER THAN ENGLICH			
WHAT LANGUAGE SKILLS COULD YOU CONTRIBUTE: (E.G., SIGN LANGUAGE, LANGUAGES YOU	J SPEAK OTHER THAN ENGLISH)			
PLEASE LIST YOUR CURRENT OR PREVIOUS VOLUNTEER ROLES:				
ACKNOWLEDGEMENT				
I certify that the information provided by me above is true and complete to the best of n	ny knowledge. I understand that if I			
am accepted as a volunteer, any false statements or omissions may lead to termination of my duties, and I agree that the				
parish/school shall not be held liable in any respect if my volunteer assignment is terminated for this reason.				
,				
If I am working with youth on a regular basis, the parish/school is authorized by me to verify the information stated above by				
means of criminal records checks. I agree to follow the policies of the parish/school and I pledge to join with the church in its				
efforts to provide a safe and secure environment for our children and youth.				
I understand that I am required to attend a Safe Environment Education Session and forward a copy of attendance to the				
parish/school. I have downloaded the Code of Ethical Standards for Church Leaders and the Mandatory Reporting				
Responsibilities from the Archdiocesan website or have received a copy of them. I have read these documents, understand				
their applicability to my volunteer efforts for the parish/school, and I understand my responsibilities.				
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PRINT NAME:				
VOLUNTEER SIGNATURE:	DATE			
VOLUMILLIN GIGINATURE.	DATE:			

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

We appreciate your willingness to share your faith, gifts, and skills to pursue volunteer activities in our parish/school.