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	MI	Last 4 digits o	f SSN	Date	
Street Address	City		State	Zip	Home Ph	_ one
Cell Phone			email address			-
	nteered for a parish? \Box			rs of age or older	? □ yes □ no	
I am interested in V	OLUNTEERING at: 🗆 s	chool	;□	parish	;	
Interested in volunt	eering for \Box school activ	ities	□ r	eligious education	n □ youth	n ministry
I am available 🗆 n	nornings 🗆 evenings	□ weekda	ays 🗆 weekends	Date available	e from	
	s tory nt and previous employme additional pages if needed					
ish/Company/Organization Na	ne		Phone		From	То
dress			City		State	Zip
ties/Responsibilities						
rish/Company/Organization Nat	ne		Phone		From	То
ddress			City		State	Zip
uties/Responsibilities						
	^^^^	^^^^	^^^^	^^^^		^^^^
rish/Company/Organization Nat	ne		Phone		From	То
ddress			City		State	Zip
Duties/Responsibilities						

Volunteer Application Form cont.

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.

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:	