

# VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Parish/School Name: \_\_\_\_\_ Location: \_\_\_\_\_

(Check one) Miss _____ Ms. _____ Mr. _____	Today's Date:
First Name: _____ Middle: _____ Last Name: _____	
Home Street Address: _____	
City: _____	State: _____ Zip code: _____
Home Phone: ( ) _____	Date of Birth: (for background check) _____
Work Phone: ( ) _____	Volunteer position for which you are applying: _____
Cellular Phone: ( ) _____	E-Mail Address: _____
Are you currently employed? Yes ___ (If yes, please complete information below) No ___	
Employer: _____	Address: _____
Describe Job Duties: _____	
<b>EMERGENCY INFORMATION:</b>	
Name: _____	Relationship: _____
Home Phone: ( ) _____	Cell Phone _____
Work Phone: ( ) _____	
Please check if applicable: ____ You are a member of the <b>clergy seeking service</b> in the Archdiocese ____ You are a <b>deacon candidate</b> ____ You are a <b>seminarian</b>	
Please indicate if you are: ____ A current employee or volunteer for this parish or school      What position _____	
Please specify your parish/school. If not a member of a parish, or associated with a school, please leave blank: _____ Parish/School _____ City _____	
How long have you been associated with this parish/school? _____	

**EDUCATION:**

Name of High School	High School Graduate (check)	Yes ___	No ___
Name of College:	College Graduate: (check)	Yes ___	No ___
Name of Graduate School:	Graduate School Graduate (check)	Yes ___	No ___
Specialized Education or Training (Please list):			

**PERSONAL REFERENCES:**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**VOLUNTEER HISTORY:**

Volunteer history should include 5 of your most recent activities. If you are still participating in a volunteer program, then indicate "to" date as current.

\_\_\_\_\_ Check here if you have no volunteer history.

Dates (mm/yyyy) (Start with most recent)	Organization City, State, Zip	Contact	Contact Phone Number	Position/Duties
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

**Please explain your interest in volunteering:**

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**Is there a particular type of assignment or volunteer duty you would prefer?**

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**Please list special skills, training and languages:**

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**Have you attended the Protecting God's Children training?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: When \_\_\_\_\_

Where \_\_\_\_\_

Please attach a copy of your Protecting God's Children Certificate

**Have you ever pled guilty to or been convicted of a crime? If yes, please give the date of the plea/conviction, the location (i.e. jurisdiction) and state the nature of the crime.**

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**Are there any criminal charges currently pending against you? If yes, please explain.**

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**Have your driving privileges been revoked in any state? If yes, please explain.**

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**FOR OFFICE USE ONLY**

Does this position involve working with or around minors? Yes \_\_\_\_\_ No \_\_\_\_\_

# DECLARATIONS

We appreciate your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community.

**Please read and initial each of the statements below:**

\_\_\_\_\_ I declare that my volunteer application is complete, that all statements are true, and agree that false statements and/or omissions, including those regarding past conduct and/or present situations may be grounds for denial of my application to provide volunteer services or dismissal from my volunteer involvement.

\_\_\_\_\_ I hereby authorize you to conduct a personal and professional reference check for the purposes of my application. You may, among other things, contact any references, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might have information relevant to my desired position, including a consumer credit reporting agency (if my position entails handling money). I hereby release any person contacted from any and all liability for damages regarding statements given to you about me.

\_\_\_\_\_ I also hereby give you permission to conduct a background check, including but not limited to, a criminal arrest records check, abuse registry check, and driving record check for the purposes of my volunteer services. I agree to cooperate as necessary with the background screening process. *'A STERLING' BACKGROUND CHECK WILL BE CONDUCTED.*

\_\_\_\_\_ I understand and agree that information may be obtained from sources that I provided in the application and that this information need not be revealed to me.

\_\_\_\_\_ I agree to observe all of the guidelines and policies relevant to the program for which I am applying, including, but not limited to, the Archdiocesan Policies on Professional and Ministerial Conduct and the Harassment and Sexual Harassment Policy.

\_\_\_\_\_ I understand that you have a ZERO TOLERANCE for abuse of minors and vulnerable adults and take all allegations of abuse seriously. I further understand that you cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time and that my acceptance as a volunteer gives me no rights to continued participation in any program as a volunteer or otherwise.

\_\_\_\_\_ If at any time my volunteer activities involve driving my vehicle, I agree that I have applicable state motor vehicle insurance for my vehicle and that I am currently permitted to drive my vehicle under the laws of the State of New Jersey. I further agree to abide by all applicable state motor vehicle laws.

\_\_\_\_\_ My signature indicates that I have read, understand and agree to all of the above.

**Do not sign until you have read and initialed the above and attached statements.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**I have reviewed this application and have noted any missing information**

Screening Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_