
Last Name

First Name

M.I.

Today's Date

Home Address

City

State

ZIP

Daytime Telephone

Evening Telephone

E-Mail Address

Are you 18 years or older? _____ (Yes or No)

How long have you been a member of our Parish? _____ (Years)

Before belonging to our Parish, to which Parish/Church did you belong? _____
(Name and Location)

MINISTRY(IES) AT OUR PARISH/SCHOOL IN WHICH YOU ARE CURRENTLY INVOLVED OR LOOKING TO BE INVOLVED

Ministry	Currently Involved	Interested In

Type of volunteer service sought: (Check all that apply)

Full Time

Part Time

Temporary

If part time, hours per day or week

Date You Could Start

Days/Hours You Would be Available

Days/Hours You Would Not be Available

Are you retired? _____ (Yes/No)

REFERENCES

(Please provide at least two individuals who are familiar with you and your ability to work as a volunteer. Prior volunteer supervisors are preferred.)

Name	Organization	Address, City, State	Daytime Telephone & Evening Telephone

AFFIRMATIONS

1. Have you ever had your volunteer service terminated by any parish, agency or organization? _____ (Yes or No)
2. Have you ever been convicted of or pleaded guilty to a criminal offense other than minor traffic violations? _____ (Yes or No)
3. Have you ever committed, been charged with or convicted of physical or sexual abuse, neglect or misconduct in any form? _____ (Yes or No)
4. Have you ever been convicted of a drug related offense? _____ (Yes or No)
5. Do you currently use illegal drugs? _____ (Yes or No)
6. Have you ever had your license revoked, suspended or denied? _____ (Yes or No)
7. Are you aware of any situation that would affect your ability to serve as a volunteer? (Yes or No)

If you answered "Yes" to any of the above questions, please explain in full below, giving the question number(s), the date(s), nature and circumstances of the situation and, if appropriate, your subsequent rehabilitation

EMPLOYMENT HISTORY

(Please list in chronological order)

From Mo/Yr	To Mo/Yr	Name of Employer	Address, City, State	Your Position

VOLUNTEER AND/OR MINISTRY EXPERIENCE

(Please include both Church and non-Church related activities)

From Mo/Yr	To Mo/Yr	Name of Organization	Address, City, State	Your Position or Duties

OTHER VOLUNTEER SERVICE BACKGROUND INFORMATION

What gifts, talents and/or skills do you bring to Church ministry?

What are some of the reasons why you are involved or want to be involved in volunteer ministry?

ATTESTATIONS

(Please read and initial each item below before signing this application.)

_____ I declare that I have read and fully understand the questions asked in this application.

_____ I declare that all statements contained in this application and, if I have provided such, on other documents, are true, complete and understand that any misrepresentation or omission on this application or other documents will be sufficient cause for denying me volunteer service or for terminating my service.

_____ I agree to inform St. Elizabeth Church of any changes to the foregoing information.

_____ I understand that, if I am offered a volunteer service opportunity, I must at all times comply with the policies, rules and precepts of St. Elizabeth Church.

_____ I understand that a personal and professional background screening will be conducted prior to and/or during my volunteer service. I grant permission for St. Elizabeth Church or its designee to conduct such a screening, authorize investigation of all statements contained in this application and other documentation I have provided in connection with such screening, and grant permission for St. Elizabeth or its designee to contact my references concerning my suitability for volunteer service.

_____ I authorize persons, educational institutions, employers and organizations to provide any relevant information regarding my suitability for volunteer service with St. Elizabeth Church. I hereby release St. Elizabeth Church and all affiliated persons, as well as any person, educational institution, employer or organization that provides St. Elizabeth Church or its designee with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation, communication, or response.

_____ A photocopy of the authorizations and releases set forth above may serve in place of the original.

By affixing my signature below, I attest that I have read, understood and agreed to the above.

Print Name

Signature

Date