



### 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
_____ Permanent Street Address (if different from present address)			_____ Cell Phone	_____ E-mail Address

Are you 18 years of age or older?  YES  NO

Have you ever volunteered for a Diocesan location?  YES  NO

If yes, give details: \_\_\_\_\_

**I am interested in VOLUNTEERING FOR:**  RELIGIOUS EDUCATION K-6  
 CONNECT YOUTH MINISTRIES

**AS a:**  Catechist/Co-Catechist/Facilitator  Catechist/Facilitator Assistant

Guest Catechist/Facilitator  Office (only K-6)  Hall Monitor

**DAY/TIME: (RE K-6) Grade Level:** \_\_\_\_\_  Reg. Grade  Sacramental Prep

Tuesday 4-5:45pm  Tuesday 5:45-7:30pm

Wednesday 4-5:45pm  Wednesday 5:45-7:30pm  Saturday 8:45-10:30am

**CYM 101**  Sunday 2-3:30pm  Tuesday 6-7:30pm  Wednesday 6-7:30pm

**CONF. PREP**  Sunday 4-5:30pm  Monday 6-7:30pm  Monday 7:15-8:45pm

**CYM - I also agree to participate in a "Skills and Methods" Training Session for the Fall. Please call the Faith Formation Office and let them know whether you will attend or make another arrangement to meet at 513.620-4296. TBD**

#### 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			
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_____ Parish/Company/Organization Name	_____ Phone	_____ From	_____ To
_____ Address	_____ 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.*

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: \_\_\_\_\_

<b>OFFICE USED ONLY</b>	<b>DATE RECEIVED:</b> _____ <b>REGISTRATION NUMBER:</b> _____
	<b>POSITION:</b> _____
	<b>DAY:</b> _____ <b>TIME:</b> _____
	<b>CHILDREN IN PROGRAM:</b> YES NO
	<b>PGC:</b> YES NO