

VOLUNTEER APPLICATION

CONFIDENTIAL

This application must be completed by all applicants for any volunteer position involving the supervision or custody of minors or other vulnerable persons. It is used to help the Diocese and its parishes provide a safe, secure environment for children and youth who participate in our programs and use our facilities.

PERSONAL

Volunteer Site _____ Date _____
(Parish/School/Other)

Name _____
(Last) (First) (Middle)

Current Address _____
(City) (State) (Zip)

If less than 5 years at above address, please provide prior address (es) and dates; use additional paper if necessary.

(City) (State) (Zip) (Dates)

Home Phone _____ Cell _____ Work Phone _____

Driver's License Number _____ State _____ Type (class) _____

On what date will you be available? _____ Minimum length of commitment _____

In what capacity do you wish to serve? _____

Have you ever been criminally charged or civilly sued concerning child abuse or neglect or the actual or attempted sexual molestation of a child? YES _____ NO _____

If so, please explain:

CHURCH ACTIVITY

Name of church where you are a member _____ How long? _____

List names and addresses of other churches you have attended regularly during the past ten years.

List any gifts, other volunteer experience (locations and dates), calling, training, education, or other factors that have prepared you for work with children or youth. _____

List all previous church work involving children and youth (*identify church & type of work with dates of service or employment*). _____

PERSONAL REFERENCES

List two references from prior volunteer work that are well acquainted with you. Don't include relatives.

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

CERTIFICATION

I certify to the best of my knowledge that the information presented in this application is true and complete. I authorize any references or churches listed in the application to give you any information they may have regarding my character and fitness for children/youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right that I may have to inspect references provided on my behalf. A facsimile or photocopy of this authorization shall be as valid as the original. My signature below indicates that I have read, understood, and agreed to the preceding statement and that I have made true, correct, and complete answers and statements on this application and any supplements to it. I understand a criminal background check will be conducted. ***If my application is accepted, I agree to be bound by the policies of the Diocese of Shreveport and any churches or agencies of the Diocese with whom I work.***

Applicant's signature _____ Date _____

Witness _____ Date _____

Parent or guardian (if applicant is under 18)

Date _____

(FOR CHURCH USE)

Reference check completed by _____ Date _____

Method(s) of contact: _____ Telephone interview _____ Personal interview _____ Letter _____ Other _____

Date Criminal Background Check submitted _____ Date Response received _____

Sex Offender and Child Predator Registry Check: _____ Louisiana _____ other--list _____