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| **VOLUNTEER APPLICATION/IDENTIFICATION FORM** |
| [Name of the Parish, Mission or Diocesan Organization] |
|  |
| Last Name |  |
| First Name |  |
| Address |  |
| Postal Code |  |
| Phone |  | Phone (other) |  |
| Email |  |
| Spoken Language(s) |  |
|  |
| Choices of Volunteer positions you are interested in | 1- |
| 2- |
| 3- |
|  |

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| **AVAILABILITIES for volunteering** |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
|  |
| **PRESELECTION QUESTIONS**  |
| **Have you volunteered for other organizations?** | YES  |  | NO |  |
| **If yes, please describe your duties and responsibilities:** |
| **How can your experience and skills contribute to this volunteer position?** |
| **What do you hope to gain through your experience?** |

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| **REFERENCES**(For High-Risk Positions only) |
| Please name three references who are not related to you and whom you authorize us to contact. |
| **REFERENCE 1** |
| Last Name |  |
| First Name |  |
| Adress |  |
| Phone | Cell: | Work: |
| Email |  |
| Relationship to applicant or position held |  |
| **REFERENCE 2** |
| Last Name |  |
| First Name |  |
| Adress |  |
| Phone | Cell: | Work: |
| Email |  |
| Relationship to applicant or position held |  |
| **REFERENCE 3** |
| Last Name |  |
| First Name |  |
| Adress |  |
| Phone | Cell: | Work: |
| Email |  |
| Relationship to applicant or position held |  |
|  |
| As an applicant for a volunteer position, I understand that my application is not a guarantee of acceptance.I authorize the parish (or diocesan organization, service or office) to contact the persons listed above for reference checks.I understand that in addition to reference checks, a criminal and/or credit background check may be appropriate depending on the nature of the position to be filled. I understand that the verifications will be limited to what is necessary given the nature of the position sought.I am assured that the information gathered will be kept confidential, in accordance with the protection of personal information. |
| **SIGNATURE** |  | **DATE** |  |