

VOLUNTEER APPLICATION*Complete before volunteer service begins.**Volunteers who will interact with minors **and** are over 18 years old must also complete a background check.*****This form is NOT to be used as an employment application****

I am applying to be a volunteer at _____
(Name of Parish, School, or Archdiocesan Office) (City)

Legal Name: _____
First Middle Last

Previous name, if any: _____
First Middle Last

Preferred Phone Number: _____

Email Address: _____

Current Home Address: _____
Street Address
City County State ZIP Code

Date of Birth: _____
MM/DD/YYYY

VOLUNTEER SERVICE RECORD**List prior volunteer experience (if any) within the previous 5 years. Attach additional sheets if needed.**

1. Organization: _____
Name City State
Phone Number: _____ From (Mo. /Yr.) _____ to (Mo. /Yr.) _____
Volunteer Role: _____

2. Organization: _____
Name City State
Phone Number: _____ From (Mo. /Yr.) _____ to (Mo. /Yr.) _____
Volunteer Role: _____

Signature of Applicant

Date

FOR OFFICE USE ONLY:
Completed Application received by _____ on _____ at _____
Initial mm/dd/yyyy Parish, School, or Archdiocesan Office City
Background Check was completed _____online or _____on a paper form.