

Application for Volunteer

Position Applying for: _____ Date: _____

| | | | |
|--|-------------|----------------------------|------------|
| Name: _____ | | | |
| (First) | (Middle) | (Last) | |
| Address: _____ | | | |
| (Street Number) | (Street) | (City) | (Zip Code) |
| Home Phone: _____ | Work: _____ | Cell: _____ | |
| Email Address: _____ | | | |
| Parishioner at St. Hilary? _____ If no, where? _____ | | | |
| Date of Birth: _____ Male () Female () | | | |
| Current Employer: _____ | | Occupation: _____ | |
| In case of Emergency, contact: | | | |
| Name: _____ | | Relationship to you: _____ | |
| Address: _____ | | | |
| (Street Number) | (Street) | (City) | (Zip Code) |
| Home Phone: _____ | Work: _____ | Cell: _____ | |

Church History and Prior Experience

List all previous church work (list each church's name, city, type of work performed and length of involvement):

List any other volunteer experience (list each organization's name, city, type of work performed and length of involvement):

List any gifts, training, education, or other factors that have prepared you for the volunteer position you are seeking:

Have you ever been convicted of any law violation (except for minor traffic violations)?

Have you been a resident of Ohio for the last 5 years? Yes: ____ No: ____

If No, in which state(s) did you live the last 5 years? _____

References:

Please list three personal references who are not relatives or former employers:

1. _____

(Name) (Address) (Phone)

2. _____

(Name) (Address) (Phone)

3. _____

(Name) (Address) (Phone)

Applicants Statement

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal as a volunteer if discovered at a later date.

I understand that St. Hilary may request a criminal background check and I consent to such. I release the Diocese of Cleveland, St. Hilary Parish and their agents from any and all liabilities and responsibilities, damages and claims of any kind whatsoever arising from this investigation of my background.

I understand that I am required to abide by the rules and regulations of St. Hilary Parish and the Diocese of Cleveland.

I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____

For Office Use Only:

Interviewed by: _____ Date: _____

Notes: _____

Received and Acknowledged Diocesan Policy on Sexual Abuse: _____

Received and Acknowledged Standards of Conduct for Ministers: _____

Attended Virtus: _____ Fingerprinted: _____

References Checked: 1. _____ 2. _____ 3. _____