

Volunteer Service Request Form

Entity: _____

REQUEST

Please complete all this information, sign and date it. Please print.

Name _____ Home Phone #: _____
Last First Middle Cell Phone #: _____

Social Security Number: _____ Date of Birth _____

E-Mail Address: _____

Address _____
Street Location (Not PO Box)

For checking prior records, provide other names you have used: _____

Ministry or Ministries Requested: _____

How long have you been a member of our parish or school community? _____

Circle the days you can volunteer: M T W T F S S

List times you are available each day: _____

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

List any training for church ministry you have received: _____

Have you ever been discharged from volunteering for any reason? Yes No

If Yes, please explain _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If Yes, please explain _____

Do you currently use illegal drugs? Yes No

Are you aware of any situation that would affect your ability to serve as a volunteer? Yes No

If Yes, please explain _____

What level of education have you attained? <ES ES HS AA/AS BA/BS
 MA/MS >MA/MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: _____ Read: _____ Write: _____

What computer software do you know? _____

Typing _____ wpm Drivers License Type: Chauffeur Commercial Regular

_____ Date

_____ Signature of Volunteer

APPROVAL

FOR ADMINISTRATOR USE ONLY

Request to serve as a volunteer: Approved Denied

_____ Approved Ministry VL _____ Dept. ID

Start Date ___/___/___ Supervisor _____

Conditions: _____

Request Approved by: _____
Signature Date

Print Signer's Name and Title _____

PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

_____ Date _____ Signature of Volunteer

FOR ADMINISTRATOR USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Screening Form Completed | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered |

VIRTUS Training Scheduled: _____ VIRTUS Training Occurred: _____

Notes: _____