

Ministry Volunteer Application for Youth

We treasure the safety of our children and youth; therefore, we ask our volunteers to complete the following information:

Last Name, First, Middle

Address

Telephone Number

School

Grade

Cell Phone No.

Do you text?

Email Address/Facebook address (please list all)

Date of Birth

How long have you been a member of the parish? _____

In which ministry(ies) do you wish to volunteer? _____

What interests you about becoming a volunteer in this/these ministry(ies)? _____

Have you been suspended from school or received an official reprimand, been terminated from a position or asked to resign from a position due to your behavior? Yes No

If yes, please explain _____

Signature of Youth Volunteer

Date

My parent(s)/Guardians support involvement in ministry at:

Name of Church or ministry site

Signature of Parent/Guardian

Date

PLEASE COMPLETE BOTH SIDES

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Note to applicant: Please fill in the requested information below. Reference forms will then be sent to the individuals you have listed below. Be sure to include all the information requested.

Applicant's name _____ Phone No. _____

Address _____

Have you previously served as a parish volunteer? Yes No

If so, when? (year) _____ and in what capacity? _____

Parish Name _____ City _____ State _____

Phone No. _____ Supervisor/Contact Person _____

Please list two (2) references that we can contact who have known you for at least three (3) years.

Reference 1 ADULT (not your parent)

Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Email address _____

How long have they known you? _____ in what capacity (relationship)? _____

Reference 2 PEER (not your brother or sister)

Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Email address _____

How long have they known you? _____ in what capacity (relationship)? _____

I waive my rights provided by the Family Educational Rights and Privacy Act of 1994 to inspect any letters of reference.

Signature of Volunteer Applicant

Date

PLEASE COMPLETE BOTH SIDES