

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

_____ VL _____
Approved Ministry 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, 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: _____