

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

Last Name, First, N	Л		Telephone Number
Address			
School	Grade	Cell Phone #	Do you text?
Email address/Gm	ail address/Myspace a	address/Facebook addres	s (please list all)
How long have you	ubeen a member of th	e parish?	
In which ministry(ie	es) do you wish to volu	inteer?	
What interests you	about becoming a vo	lunteer in this/these minis	try(ies)?
position or asked to	o resign from a positio	n due to your behavior?	
n Tes, Flease expi	ann <u></u>		
Signature of Yout	th Volunteer		Date
My parent(s)/Gua	rdian(s) support my i	involvement in ministry	at:
Name of Church o	or ministry site		
Signature of Pare	nt/Guardian		Date



Youth Volunteer Applicant

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				
Address		*****	*****	Zip	
Have you previously ser	ved 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.

Reference1 ADULT (not your paren	t)		
Name	Phone		
Address		·	
City	State	Zip	
How long have they known you? In what capacity (relationship)?			
Reference 2 ADULT or PEER (not p	arent or brother or sister)		
Name	Phone		
Address			
City	State	Zip	

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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