

Volunteer Registration for _____(activity)_____ (year)
Confidential Form
St. Joseph Congregation

Fill Out This Portion Every Year

Fill Out This Portion the First Year Only

Last Name _____ First Name _____ Middle Initial _____
Maiden Name (or other last name(s) used) _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
E-mail Address _____ Cell Phone _____
Date of Birth _____ Race _____ Sex _____
Home Parish _____
Social Security Number _____ - _____ - _____
Emergency Contact (name) _____ (phone) _____

I have completed Protecting God's Children, Safe Environment Training (please circle)
YES NO

Please attach a copy of your training certificate or submit the training location and date below:
Location _____ Date _____

Skills and Interests _____
Educational Background _____
Current Occupation and Employer _____
Previous Volunteer Experience _____

Have you ever been convicted of, pled guilty or no contest to an offense (including felony, misdemeanor, or municipal ordinance), or are you now subject to a pending criminal charge? Do you use illegal drugs? Has your driver's license ever been suspended or revoked? Is there anything that would call into question your being entrusted with supervision, guidance and care of children? If you can answer yes to any of these questions, please attach an explanation of your answer with any applicable dates.

(please circle) YES NO

Note: Convictions do not automatically disqualify participation as a volunteer.

Please provide the name and phone number of two personal references:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

I certify that this information is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements or omissions may lead to termination of my duties and I agree that St. Joseph Congregation shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

If I am working with youth on a regular basis, St. Joseph is authorized by me to verify the information stated above by means of criminal records checks. I agree to follow the policies of St. Joseph and I pledge to join with the church in its efforts to provide a safe and secure environment for our children and youth.

Applicant Signature _____ Date _____

Office Use Only

Received Date _____ Verified Date _____ By _____