

MINOR VOLUNTEER APPLICATION

Our Lady of the Pines Catholic Parish

This application is being used to help select suitable individuals for volunteer ministry and to ensure a safe and secure environment for the children and youth who participate in our programs and use our facilities.

Please Print

PERSONAL INFORMATION

Date _____ DATE OF BIRTH: _____

Name _____
Last First Middle Initial

Resident address _____
Street City Zip Code

E-Mail Address _____

Home Phone _____ Cell Phone If applicable) _____

School attending _____

Parents or Guardians names _____
Last First

_____ Last First

What volunteer activity are you interested in? _____

Have you ever been arrested, indicted, a defendant in a trial? YES NO
If yes, list the offense(s), outcome(s).

REFERENCES

1) _____
Name Relationship

Address Phone number

2) _____
Name Relationship

Address Phone number

3) _____
Name Relationship

Address Phone number

APPLICANT'S DECLARATION, AUTHORIZATION, AND RELEASE

My answers on this application are complete and true. I understand that the submission of any false or incomplete information in connection with my application will be cause for rejection of my application or the termination of my service at any time. I authorize the Diocese of Colorado Springs and its parishes and / or schools to verify any information related to my application. I also authorize all individuals, schools, employers, organizations, and law enforcement officials to freely release any information concerning my background, and I hereby release any and all of the from any liability for doing so.

Print Name

Signature

Date