



Our Lady of the Assumption Parish

3175 Telegraph Rd., Ventura CA 93003

Volunteer Application

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position(s) for which you are applying: _____

List any previous experience as a Parish Volunteer (list dates, position, and location)

Date Volunteered	Position	Parish/School/Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed Safe Environment Training for Adults (check all that apply)

VIRTUS Protecting God's Children adult Awareness Certificate on file: [] Year _____

VIRTUS Keeping the Promise Alive Recertification Certificate on file: [] Year _____

Fingerprinting on file with Los Angeles Archdiocese: [] Year _____

Member of Our Lady of the Assumption Parish [] How many years _____

References: (one reference should be a member of the Parish)

1. _____

Name	Parish/School/Organization

Address, City, State, Zip	Phone Number
2. _____

Name	Parish/School/Organization

Address, City, State, Zip	Phone Number
3. _____

Name	Parish/School/Organization

Address, City, State, Zip	Phone Number

Have you ever used a surname other than your maiden name (if applicable)? Yes [] No []

If yes, please state name and explain circumstances:

Have you ever been convicted of a crime? Yes [] No []

If you have been convicted of a crime other than a minor traffic offense, please state the following: nature of conviction, date, sentences received, sentence served including date and location, probation or parole officer, and any other relevant facts or circumstances.

I certify the information contained in this application is true and complete to the best of my knowledge. I authorize the Archdiocese or its agents to undertake any investigation it deems appropriate in connection with this application including verification of training, fingerprinting and a criminal background check.

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Printed Name of Reviewing Staff Member: _____

Signature of Staff Member: _____ Date: _____

Title of Staff Member: _____

All information contained on this form will remain confidential.