

VOLUNTEER APPLICATION
Blessed Trinity Parish
Littleton/Westford, MA
978-320-4220

Volunteer Full Name: _____ DOB: _____

Address: _____

Phone numbers: (cell) _____ (home) _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Ministry Type: (Please check all ministries you are interested in serving, please refer to the ministry guide for a detailed listing of ministries, which can be found online at: <https://www.blessedtrinitycatholic.org/ministries> or in either church.)

Liturgy & Worship Ministries

____ Choir ____ Lector ____ Eucharistic Minister
____ Welcome Ministry ____ Musician ____ Altar Server/Acolyte
____ Other (please specify) _____

Youth Ministries* (References Required)

____ Faith Formation ____ Vacation Bible School
____ Youth/Teen Music Ministry ____ Mission Trips
____ Children's Liturgy
____ Other (please specify) _____

Parish Ministries

____ Councils & Commissions ____ Prayer Groups ____ Adult Faith Formation
____ Offertory Counters ____ St. Vincent DePaul ____ Ministry of Hope
____ Home/Nursing Home ____ Other (please specify) _____

Have you performed volunteer work previously? ____ Yes ____ No

If yes, where and what type of work? _____

Please tell us why you are interested in this volunteer ministry:

For all Youth Ministries*, please provide us with two references. Your references should not be relatives.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Note that all volunteers must complete a CORI background screening prior to beginning ministry and annually after that.

All adult volunteers who have the potential to be around youth, including all those in worship ministry, must complete **Protecting God's Children training within the first 60 days of ministry**. *There will be very few exceptions to this policy, if you have questions, please contact the Parish Office.*

All volunteers ***working directly*** with youth must complete **Protecting God's Children training within the first 30 days of ministry**.

Volunteers can sign up for PGC training by going to www.VIRTUSonline.org and following the instructions. Select "Boston, MA (Archdiocese)", fill in the required information then it will give you a series of trainings from which to choose. Please call the Office of Child Advocacy at 617-746-5994 if you need assistance. If you do attend elsewhere, please make sure to provide a copy of your certificate of attendance to the parish office.

All volunteers must read and agree to comply with both the Code of Conduct for Volunteers and the Child Protection Policy for the Archdiocese of Boston. Copies, can be found at <https://www.bostoncatholic.org/protecting-children-word-welcome> For printed copies please contact the parish office.

Volunteer Signature

Date

Staff Signature

Date

Parent Signature if Volunteer is under the age of 18

Date