St. Elizabeth Church

Religious Education & Faith Formation

Parish Religious Education Program (PREP) Volunteer Application 2018-2019 Please PRINT legibly and FULLY complete BOTH sides

Name:						
ivallie.	First	Middle	Last	Maid	en	
Address:						
	Street Address		City	Zip		
Phone:	Home	Work	C	ell / Pager		
Date of Birth:				-	_	
Date of Diffi.	Month / Day / Year			Last Four (4) Digits SS#: XXX-XX- for BCI & Diocesan Certification Records only		
Place of Emplo	oyment:					
	Name of	Employer	J	ob Title/Description		
Hobbies & Spe	ecial Interests:					
If you are a Stu	udent Volunteer:					
		Name of School	Name of Teacher/Administrator Contact		strator Contact	
		Diocesan Volu	nteer Requirements	5		
		Adults on	ly - 18 & older			
I have my fingerprint record on file at St. Elizabeth (circle one): YES NO					NO	
I completed the	e Protecting God	s Children Awareness	Session:			
·	J		Place Atten	ded Date	Attended	
I am registered	I to take the Prote	ecting God's Children	Awareness Session:			
		Name of Parish/	School where attending	Date	Scheduled	
		Classroom/Adm	inistrative Voluntee	ers		
		o volunteer on a "full-tir t to volunteer on a "par	•			
Full Time:		Part-	time: _			
Classroom Cate	chist (Teacher):	Grade	e 1 st choice:	2 nd choice:		
Classroom Aid/A	Assistant:	Grade	e 1 st choice:	2 nd choice:		
	strative Volunteer:	th sign in & out, hall monitor	re acciet with administrative	ve needs — conies arts	& crafts atc)	
Arts & Crafts / B			opment of projects in coop			
ministry. All adul check, and comp High S	It volunteers are red plete a volunteer ap chool Students ar	egy: Two adults must be quired to attend a Protect oplication. e encouraged to volunte ground checks are not re-	ing God's Children ses er for school service ho	sion, be fingerprinted ours. A Volunteer App	for a BCI background	
		Please Complet	e Back of this For	m		

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Previous Volunteer Experience

Location	Position	Dates/Length of Service	Contact Name			
Location	Position	Dates/Length of Service	Contact Name			
Location	Position	Dates/Length of Service	Contact Name			
References						
1.						
Full Name	Address	Phone	E-Mail			
2. Full Name	Address	Phone	E-Mail			
		– please list Dave Gruber or Father Charli ous volunteer experience (certificates, let				
Code of Conduct for Diocese of Columbus Volunteers collaborate with the Pastor and other supervisors and associates in ministry. Volunteers are accountable to the Pastor or other duly appointed representative. Volunteers faithfully adhere to the teachings of the Catholic Church in word and action. Volunteers competent and receive education and training commensurate with their role(s) and responsibilities. Volunteers respect the diversity of spiritualities in the faith community and will not make their own personal form of spirituality normative. Volunteers recognize the dignity of each person and do not behave disrespectfully of anyone or any group. Volunteers serve all people without regard to gender, creed, national origin, age, marital status, socioeconomic status, or political beliefs. Volunteers seek to share with all persons the resources, services, and opportunities they need for spiritual growth. Volunteers act to ensure all persons with special needs or disabilities have access to resources they require. Volunteers act called to serve the faith community, carrying out their ministry conscientiously, zealously, and diligently. Volunteers exercise responsible stewardship of resources while holding themselves to the highest standards of integrity regarding fiscal matters placed in their trust. Volunteers are aware of the signs of physical, sexual, and psychological abuse and neglect. Volunteers are aware of the signs of physical, sexual, and psychological abuse and neglect. Volunteers support the rights and roles of parents while ministering to the needs of minors. Because of their ministerial positions, volunteers consistently sustain respectful ministerial relationships, avoiding any semblance of manipulation, or abuses of power, and refraining from any physical, romantic, or sexual relationships between an adult and a minor. Volunteers are aware of their limitations with respect to paraprofessional conselling and make appropriate referrals. Volunteers are aware of fine limitations wit						
Volunteer Applicant's Signatur	·e:	Date:				

Signature

Date

Name of Parent/Guardian

If Volunteer is a Minor (under 18):____