



Diocese of Albany

40 North Main Avenue
Albany, NY 12203
Tel. (518) 453-6600
Website: www.rcda.org

VOLUNTEER APPLICATION

PLEASE COMPLETE THE APPLICATION *IN FULL* AND PRINT ALL REQUIRED INFORMATION *LEGIBLY*

-- THANK YOU! INFORMATION ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Date _____ Type of Service _____

PERSONAL INFORMATION

Last Name				First		Middle	
Address (Street Number)		City		State		Zip	
()							
Telephone Numbers		Day		Evening		E-mail Address	
In an emergency							
Notify _____		Relationship _____		Telephone _____			
Are You 18 Years or Older? Yes _____ No _____							
What volunteer position are you applying for? _____							
Have you ever been convicted of a crime? Yes _____ No _____		If yes, give details:					
Has there ever been a finding against you involving child abuse or maltreatment? Yes _____ No _____		If yes, give details:					
<i>Please note: A conviction is not an absolute bar to volunteer service but will be considered before accepting offers of service.</i>							
Why do you want to volunteer in this ministry? _____							
What skills or previous experience do you have that might contribute to your work in this ministry? _____							
Do you speak any language other than English? _____		What language? _____					
Availability? _____							
Additional Comments _____							

References

Name _____
Address _____
(street) (city) (zip) (e-mail)
Phones: (Daytime) _____ (Evening) _____
How do you know this person? _____
How long have you known this person? _____

Name _____
Address _____
(street) (city) (zip) (e-mail)
Phones: (Daytime) _____ (Evening) _____
How do you know this person? _____
How long have you known this person? _____

Name _____
Address _____
(street) (city) (zip) (e-mail)
Phones: (Daytime) _____ (Evening) _____
How do you know this person? _____
How long have you known this person? _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS VOLUNTEER APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS TO DENY ANY OFFER OF SERVICE AND/OR END ANY CURRENT SERVICE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE PERTINENT INFORMATION. I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO A BACKGROUND SCREENING AND TO ATTEND THE "SAFE ENVIRONMENT" PROGRAM REQUIRED BY THE DIOCESE OF ALBANY AND/OR OTHER TRAINING PROGRAMS AS REQUIRED.

(Signature)

(Date)