## **VOLUNTEER APPLICATION**

## The Diocese of Colorado Springs/Parishes/Schools

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.

Parish or School:

## PLEASE PRINT

The state of the state of the state of	PERSONAL INF	ORMATION					
Nama			Circle Mr.	Rev.			
NameLast	First	Middle Initial	Ms.	Sr. Date	e		
Residence addressStreet		City			State	Zip	Code
Home Phone	Work Phor	ne		Fax			
E-Mail Address	Previously emplo	yed/volunteered	with a	ny Dioces	e/Parish?	NO	YES
If yes, when?	If yes, where?						
Home Parish	How long have	e you been a mer	nber o	f your hor	me parish?		
Marital Status							
Name of Parent or Guardian (if under 1	8):						-
Date of Birth (if under 21):							
Number of children, names, ages, and g	enders:						
What volunteer activity are you interest	ed in?				1.000		
What skills and abilities do you have the	at make you suitable for t	his position?					

## **EMPLOYMENT HISTORY FOR PAST 5 YEARS**

1.	Employed From	To
		Supervisor's Name & Phone Number
		Involving minors? Y N
2.	Employed From	To
	Company Name	Supervisor's Name & Phone Number
	Street Address	
	City & State	
		Involving minors? Y N
	Reason for leaving	
		INTEER HISTORY
		tions in chronological order starting with most recent.
1.		To
		City & State
		Involving minors? Y N
	Reason for leaving	
2.	Dates of Service: From	То
		City & State
	Work Performed	Involving minors? Y N
	Reason for leaving	
3.	Dates of Service: From	To
	-	
	Organization Name & Contact reison	
	Street Address	City & State
	Street Address Work Performed	
4.	Street Address  Work Performed  Reason for leaving	City & StateInvolving minors? Y N
4.	Work Performed  Reason for leaving  Dates of Service: From	City & StateInvolving minors? Y N  To
4.	Work Performed  Reason for leaving  Dates of Service: From  Organization Name & Contact Person	City & StateInvolving minors? Y N To
4.	Street Address  Work Performed  Reason for leaving  Dates of Service: From  Organization Name & Contact Person  Street Address	City & StateInvolving minors? Y N  To

DRIVIN	NG INFORMATION
Do you have a current driver's license? YES	NO
If yes, list your driver's license number:	State
How many tickets have you received for moving vio	lations during the past five years?
What specifically were the tickets for?	
Do you have current liability insurance on your car?	YES NO
Name of auto insurance carrier:	Policy #
REFERENCES and	BACKGROUND INFORMATION
Do not	list employers or relatives
1) Name	Relationship
Address	Phone
2) Name	Relationship
Address	Phone
Name	Relationship
Address	Phone
physical or sexual abuse or sexual harassn If yes, give an explanation of the compla	bring a civil or criminal claim against you alleging nent by you? YES NO aint. Indicate the date, nature, and place of the incident plaint was filed, and the disposition of the complaint.

If yes, list the offe	ny, or have any outstanding warrants? YES NO se(s), date(s), outcome(s), and your employer at the time, including your ddress, and telephone number.
If yes, give an exp	onvicted of any felony or misdemeanor? YES NO mation of the incident. Indicate the date, nature, and place of the incident, e allegations, and your employer at the time, including your employer's elephone number.
your own employm by you, your unsafe If yes, give an exp allegations,	er disciplined you or terminated your employment or have you ever terminate it for reasons related to physical or sexual abuse by you, sexual harassment riving, or your theft? YES NO nation of the allegations. Indicate the date, nature, and place of the e allegations, and your employer at the time, including your employer's name number.
AF	LICANT'S DECLARATION, AUTHORIZATION, AND RELEASE
submission of any fal documents or in inter any time. I authorize related to my applicat	plication and on any resume I provide are complete and true. I understand that the or incomplete information in connection with my application, whether on this or other two, will be cause for the rejection of my application or the termination of my service at the Diocese of Colorado Springs and its parishes and/or schools to verify any information in or resume. I also authorize all individuals, schools, employers, organizations, and law freely release any information concerning my background, and I hereby release any and onlity for doing so.
	Print Name
Signature	Date