

Volunteer Service Request Form

Entity: _____

REQUEST

Please complete all this information, sign and date it. Please print.

Name _____ Home Phone #: _____
Last First Middle

Cell Phone #: _____

Date of Birth _____

E-Mail Address: _____

Address _____

Street Location (Not PO Box)

For checking prior records, provide other names you have used: _____

Ministry or Ministries Requested: _____

How long have you been a member of our parish or school community? _____

Check the days you can volunteer: M ___ T ___ W ___ T ___ F ___ S ___ S ___

List times you are available each day: _____

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

List any training for church ministry you have received: _____

Have you ever been discharged from volunteering for any reason? ☐ Yes ☐ No

If Yes, please explain _____

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

If Yes, please explain _____

Do you currently use illegal drugs? ☐ Yes ☐ No

Are you aware of any situation that would affect your ability to serve as a volunteer? ☐ Yes ☐ No

If Yes, please explain _____

What level of education have you attained? ☐ <ES ☐ ES ☐ HS ☐ AA/AS ☐ BA/BS
☐ MA/ MS ☐ >MA/ MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: _____ Read : _____ Write: _____

What computer software do you know? _____

Drivers License Type: ☐ Chauffeur ☐ Commercial ☐ Regular

Date

Signature of Volunteer

APPROVAL**FOR ADMINISTRATOR USE ONLY**Request to serve as a volunteer: ☐ Approved ☐ Denied

Approved Ministry _____ VL _____ Dept. ID _____

Start Date ____/____/____ Supervisor _____

Conditions: _____

Request Approved by: _____
Signature Date

Print Signer's Name and Title**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct , agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

Date Signature of Volunteer**FOR ADMINISTRATOR USE ONLY**☐ Screening Form Completed ☐ Child Protection Policy Provided☐ Volunteer Entered into PayForce Database ☐ Screening Registered**VIRTUS** Training Scheduled: _____ **VIRTUS** Training Occurred: _____**Notes:** _____