

SAMPLE APPLICATION FORM – VOLUNTEER

INSTRUCTIONS Please complete all of the questions accurately and fully.

Attach additional sheets if needed.

Today's date:

PERSONAL DATA

Name:

Street address:

City:

State: Zip:

How long at current address:

Home phone:

Work phone:

Best time to contact you:

Email address:

For what volunteer position are you applying?

What interests you about this position?

What has prepared you for this ministry?

EMPLOYMENT HISTORY Please complete for your current and two prior employers.

CURRENT EMPLOYER

Company name:

Address:

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to

Reason for leaving position:

PREVIOUS EMPLOYER

Company name:

Address

City: State: Zip:

Immediate supervisor name:

Immediate supervisor phone number:

Position held:

Dates of employment: from to

Reason for leaving position:

PREVIOUS EMPLOYER

Company name:
Address
City: State: Zip:
Immediate supervisor name:
Immediate supervisor phone number:
Position held:
Dates of employment: from to
Reason for leaving position:

VOLUNTEER EXPERIENCE

Include all experience working with children or youth

Organization:
Contact:
Phone:
Duties:
Dates: from to

Organization:
Duties:
Dates: from to
Contact:
Phone:

Organization:
Duties:
Dates: from to
Contact:
Phone:

EDUCATIONAL HISTORY

Name of school
Address
City State Zip
Type of school
Name of program or degree
Program completed?
Name of School
Address
City State Zip
Type of school
Name of program or degree
Program completed?

PROFESSIONAL/CIVIC REFERENCES

Name:
Address
City State Zip
Daytime phone:
How long have you known this person?
Relationship to you:

Name:
Address:
City State Zip
Daytime phone:
How long have you known this person?
Relationship to you:

PERSONAL REFERENCES

Name:
Address
City State Zip
Daytime phone: Evening:
How long have you known this person?
Relationship to you:

Name:
Address
City State Zip
Daytime phone: Evening:
How long have you known this person?
Relationship to you:

FAMILY REFERENCES

Name:
Address:
City State Zip
Daytime phone: Evening:
How long have you known this person?
Relationship to you:

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

[] Yes []No

If yes, please explain.

ACKNOWLEDGMENT, RELEASE AND SIGNATURE

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize _____ [Parish] to request and receive such information.

If hired or chosen, I agree to be bound by the Diocese of West Missouri's Policies and Procedures for the Prevention of Sexual Misconduct. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the Diocese and without prior notice to me. I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of _____ [Parish] or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and _____ [Parish] for either employment, volunteering or the providing of any benefit.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

Signature

Date