



Diocese of Great Falls-Billings

Volunteer Application Form

This form is to be completed, signed and returned to the pastor, principal or diocesan agent at the parish, school or agency at which you are to provide volunteer services. A original of this completed form will be retained in a file on site.

Last Name	First	Middle	Date
Present Street Address	City	State	Zip
			Daytime Phone
			Evening Phone
Permanent Address (if different from present address)			Cell Phone No.
			E-mail Address
Have you ever volunteered for a Diocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years of age or older?
If yes, give details:			<input type="checkbox"/> Yes <input type="checkbox"/> No
I am interested in <u>VOLUNTEERING</u> at <input type="checkbox"/> school: _____; <input type="checkbox"/> parish: _____; <input type="checkbox"/> agency: _____			
Interested in volunteering for <input type="checkbox"/> school activities <input type="checkbox"/> religious education <input type="checkbox"/> youth ministry <input type="checkbox"/> coaching <input type="checkbox"/> other _____			
I am available <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends Date available: _____			
VOLUNTEER ACTIVITIES			
Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.			
Parish/Company/Organization Name	Phone	From	To
Address	City, State, Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State, Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State, Zip		
Duties/Responsibilities			
REFERENCES			
Please provide 2 personal/professional references. <i>If you have resided in this area for less than 2 years please provide at least one reference from your previous are of residence.</i>			
Name	City, State		
Phone	Relationship	Years Known	
Name	City, State		
Phone	Relationship	Years Known	

IMPORTANT – PLEASE READ THIS

You *must* complete questions I, II, III & IV *only* if the volunteer position(s) for which you are applying for will involve significant contact with children or other vulnerable individuals, i.e. elderly, mentally or emotionally handicapped, etc. Such positions include but are not limited to catechist, coaching, school volunteer, scout leader, youth minister, counseling, and maintenance.

I. Has a civil or criminal complaint ever been filed against you that alleged *sexual misconduct or child abuse* by you or your participation in or facilitation of such activities (including internal complaints given to management or supervisors at places of employment)? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please provide the date, nature, and place of the incident leading to the complaint; where the complaint was filed; disposition of the complaint.*

II. Do you presently serve, or have you ever served, as a volunteer for any organization, entity or group in which you had significant contact with children or other vulnerable populations (e.g. elderly, mentally or emotionally handicapped, etc.)? Yes No *If yes, please provide the name, address and phone number of the organization, period of volunteer service, supervisor's name; and briefly describe your activities and/or duties. Attach a separate sheet if additional space is necessary.*

III. Have you ever chosen not to renew or continue any employment or volunteer service, had your employment or volunteer service terminated, or been subject to any disciplinary action, for reasons relating to allegations of sexual misconduct or child abuse by you? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date, nature, and place of the occurrence(s) or allegation(s) and the disposition of the matter(s). Also, identify your employer and supervisor at the time by name, address and telephone number.*

IV. Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No *If yes, please explain below and attach a separate sheet if additional space is necessary. Please include in your explanation the date and place of any conviction, and the crime for which you were convicted.*

IMPORTANT – Please read and sign below

The information provided on this form is true, correct and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in termination of my services. I grant permission to check my background and references and release the Diocese of Great Falls-Billings from any and all resultant liability.

I further understand that all persons who will have significant contact with children are required to undergo a state and federal background check before working with children. Other volunteer positions that may require undergoing this clearance process may include, but are not limited to, payroll, bookkeeping, accounting and maintenance.

Print Name: _____ Signature: _____ Date: _____

This section is to be completed by Pastor, Principal or Agency Director only.

The necessity of passing a state and federal criminal background check for positions involving significant contact with children or other vulnerable persons while providing volunteer services has been explained to this applicant. Acceptance of volunteer services is contingent upon the applicant successfully completing the state & federal criminal background check. References will be checked before accepting an applicant's volunteer services. Signed applications are to be retained by the pastor, principal or diocesan agent at your parish, school or agency.

Authorized Signature

Date

Name of Parish, School, Agency

Location #

Telephone #