

Ministry Volunteer Application for Youth

We treasure the safety of our children and youth; therefore, we ask our volunteers to complete the following information:

Last Name, First Name, Middle		
Phone Number		
Address		
SchoolGra	de	_Cell Phone
Do you text? Yes No		
Email address / Gmail address / Mysp	ace address / F	acebook address (please list all)
How long have you been a member of	f the parish?	
In which ministry(ies) do you wish to v	olunteer?	
What interests you about becoming a	volunteer in this	s/these ministry(ies)?
Have you been suspended from school	ol or received ar	n official reprimand, been terminated from a
position or asked to resign from a pos	ition due to your	r behavior? Yes No
If yes, please explain		
Signature of Youth Volunteer		Date
My parent(s)/Guardian(s) support m	ny involvement	in ministry at:
Name of Church or ministry site		
Signature of Parent/Guardian		Date



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Note to applicant: Please fill in the requested information below. Reference forms will then be sent to the individuals you have listed below. Be sure to include all the information requested.

Applicant's name	Phone				
Address		Zip			
Have you previously served as a par	ish volunteer? Yes No				
If so, when? (Year)	and in what capacity?				
Parish Name	City	State			
Parish PhoneS	Supervisor/Contact Person				
Please list two (2) references that we	e can contact who have known you fo	or at least three (3) years.			
Reference1 ADULT (not your pare	nt)				
Name	Phone	Phone			
Address					
City	State	Zip			
How long have they known you?	own you?In what capacity (relationship)?				
Reference 2 PEER (not your broth	er or sister)				
Name	Phone				
Address					
City					
How long have they known you?	u?In what capacity (relationship)?				
I waive my rights provided by the Falletters of reference.	mily Educational Rights and Privacy	Act of 1994 to inspect any			
Signature of Volunteer Applicant	 Date				