

# VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Parish/School Name: **St. Thomas the Apostle Parish School, 50 Byrd Ave, Bloomfield NJ**

(Check one) Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Mr. \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: (for background check) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Volunteer position for which you are applying: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ (if yes, please complete information below) No \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check if applicable:

\_\_\_\_\_ You are a member of the clergy seeking service in the Archdiocese

\_\_\_\_\_ You are deacon candidate

\_\_\_\_\_ You are a seminarian

Please indicate if you are:

\_\_\_\_\_ A current employee or volunteer of a parish or school What position \_\_\_\_\_

Please specify your parish/school. If not a member of a parish, or associated with a school, please leave blank.

Parish/School \_\_\_\_\_ Address: \_\_\_\_\_

How long have you been associated with this parish/school? \_\_\_\_\_

## EDUCATION:

_____	High School Graduate: (check)	Yes ____	No ____
Name of High School			
_____	College Graduate: (check)	Yes ____	No ____
Name of College:			
_____	Graduate School Graduate: (check)	Yes ____	No ____
Name of Graduate School:			
_____			
Specialized Education or Training (please list):			

## PERSONAL REFFERENCES:

_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:

## VOLUNTEER HISTORY:

Volunteer history should include 5 of your most recent activates. If you are still participating in a volunteer program, then indicate "to" date as current.

Check here if no volunteer history. \_\_\_\_\_

<b>Date: start with most recent</b>	<b>Organization City, State, Zip</b>	<b>Contact</b>	<b>Contact Phone Number</b>	<b>Position/Duties</b>
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

Please explain your interest in volunteering: \_\_\_\_\_

\_\_\_\_\_

**Is there a particular type of assignment or volunteer duty you would prefer?**

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**Please list special skills, training and languages:**

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**Have you attended the Protecting God's Children training?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: When \_\_\_\_\_ Where \_\_\_\_\_

Please attach a copy of your Protecting God's Children Certificate.

**Have you ever pled guilty to or have been convicted of a crime? If yes, please give the date of the plea/conviction, the location (i.e. jurisdiction) and state the nature of the crime.**

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**Are there any criminal charges currently pending against you? If yes, please explain.**

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**Have your driving privileges been revoked in any state? If yes, please explain.**

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**FOR OFFICE USE ONLY**

Does this position involve working with or around minors? Yes \_\_\_\_\_ No \_\_\_\_\_

# DECLARATIONS

We appreciate your willingness to share your faith, gifts, and skills. Providing safe and secure programs for our members is of the utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community.

## PLEASE READ AND INITIAL EACH OF THE STATEMENTS BELOW:

\_\_\_\_\_ I declare that my volunteer application is complete, that all statements are true, and agree that false statement and/or omission, including those regarding past conduct and/or present situations may be grounds for denial of my application to provide volunteer involvement.

\_\_\_\_\_ I hereby authorize you to conduct a personal and professional reference check for the purposes of my application. You may, among other things, contact any references, church, youth organizations, agencies where I volunteer service has been completed, and any individual or organization which might have information relevant to my desired position, including a consumer credit reporting agency (if my position entails handling money). I hereby release any person contacted from any and all liability for damages regarding statements given to you about me.

\_\_\_\_\_ I also hereby give my permission to conduct a background check, including but not limited to, a criminal arrest records check, abuse registry check, and driving record check for the purpose of my volunteer services. I agree to cooperate as necessary with the background screening process. **See separate Notice attached regarding Credit Reporting Agency check.**

\_\_\_\_\_ I understand and agree that information may be obtained from sources that I provided in the application and that this information need not be revealed to me.

\_\_\_\_\_ I agree to observe all the guidelines and polices relevant to the program for which I am applying, including, but not limited to, the Archdiocesan Policies on Professional and Ministerial Conduct and the Harassment and Sexual Harassment Policy.

\_\_\_\_\_ I understand that you have a ZERO TOLERANCE for abuse of minors and vulnerable adults and take all allegations of abuse seriously. I further understand that you cooperate fully with the authorities to investigate all cases of alleged abuse. Abuse of minors or vulnerable adult is grounds for immediate investigate dismissal and possible criminal charges.

\_\_\_\_\_ I understand that I can withdraw from the application process at any time and that my acceptance as a volunteer gives me no rights to continued participation in any program as a volunteer or otherwise.

\_\_\_\_\_ If at any time my volunteer activates involve my driving my vehicle, I agree that I have applicable state motor vehicle insurance for my vehicle and that I am currently permitted to drive my vehicle under the laws of the State of New Jersey. I further agree to abide by all applicable state motor vehicle laws.

\_\_\_\_\_ My signature indicates that I have read, understand and agree to all of the above.

## DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE AND ATTACHED STATEMENTS.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**I have reviewed this application and have noted any missing information.**

Screening Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_