Volunteer Service Request Form

Entity: St. Joseph Roman Catholic Church, Babylon NY

REQUEST

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

Name _____ Home Phone #: _____
Last First Middle Cell Phone #: _____

Social Security Number: _____ 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? _____

Circle 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? _____

Typing _____ wpm Drivers License Type: ☐ Chauffeur ☐ Commercial ☐ Regular

_____ _____
Date Signature of Volunteer

APPROVAL

FOR ADMINISTRATOR USE ONLY

Request to serve as a volunteer: ☐ Approved ☐ Denied

_____ VL _ _ _ _ _ _ _ _ _ _

Approved Ministry 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, 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 percepts 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:_____