

# DIOCESE OF GALLUP OFFICE OF CATHOLIC SCHOOLS

P.O. BOX 1338 Gallup, New Mexico 87305

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## VOLUNTEER APPLICATION

The **Catholic Diocese of Gallup** appreciates your willingness to share your faith, time and talents. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us secure a safe environment for the people of our community. For your privacy, this form will be stored in a secured locked facility.

PERSONAL INFORMATION				
Last Name, Suffix (i.e., Jr/Sr.)	First Name	Middle Initial	Date of Birth	
Street Address	City	State	Zip	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Length at current address _____ Years _____ Months      If you have resided at this location less than 3 years list previous address(es) below. If additional space is needed, please attach an additional sheet.				
Most Recent Previous Address	City	State	Zip	____Years ____Months
Additional Previous Address	City	State	Zip	____Years ____Months
Home Phone Number	Cell Phone Number	Email Address		
____ I am a current volunteer since (date) _____ at (Parish/School) _____	____ I am a new volunteer working WITH children/youth.	____ I am a new volunteer and DO NOT work with children/youth.	____ I volunteer in food pantries or meal service or provide ministerial services in private homes.	

DIOCESE OF GALLUP QUESTIONNAIRE		
Please specify your parish of registration. (Membership is not defined by attendance but by actual documented registration only.) Leave blank if you are not a member of a specific parish. Name of Parish: _____  Registered in your Parish? ___ Yes ___ No Envelope No: _____ Length of parish membership: _____ Years _____ Months	Please list the name of your children in Catholic schools. If not applicable, please leave blank. _____ _____ _____	Are you applying to be a volunteer at a parish or a school or both?  ___ Parish _____ ___ School _____ ___ Both _____
1. What position/role(s) do you desire to fill at the parish and/or school?		
2. What interests you about the role/position(s)?		
3. What has prepared you for the role/position that you currently hold or for which you are applying?		

<b>EMPLOYMENT</b> <input type="checkbox"/> Check here if you are not currently employed			
Current Employer:		Position	Years Employed
Street Address		City	State Zip

<b>VOLUNTEER HISTORY</b> <input type="checkbox"/> Check here if you do not have volunteer history				
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name		Title		
Phone Number		E-mail Address		
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name		Title		
Phone Number		E-mail Address		
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name		Title		
Phone Number		E-mail Address		

<b>REFERENCES</b> (Minimum of 3 required. If residing in Diocese of Gallup less than 3 years, 2 references must be from previous location.)				
Reference Name:	Mailing Address, City, State, Zip	Daytime Phone number	How long have you known this person?	Has this person agreed to be a reference?
Professional/Civic				<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal				<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member				<input type="checkbox"/> Yes <input type="checkbox"/> No

**BACKGROUND CHECK INFORMATION**

Have you changed your last name in the past 5 years?  Yes  No  
If yes, was name change due to a marriage/divorce?  Yes  No

What was your previous last name? \_\_\_\_\_

Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?  
 Yes  No If Yes, Explain \_\_\_\_\_

Indicate if you ever been arrested, indicted, awaiting trial or have ever admitted to committing a misdemeanor or felony?  
 Yes  No  
If yes, please list the offense, date, jurisdiction and outcome. \_\_\_\_\_

Do you have any outstanding warrants, either in New Mexico, Arizona or in any other state?  Yes  No  
If yes, list reason for warrant. \_\_\_\_\_

Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child?  Yes  No

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

**Volunteer Locations** Please indicate the city and name of parishes/schools/ministry locations you would like to have this application registered.

Location 1:  SVDP/Ministry of care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No	Location 2:  SVDP/Ministry of care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No
Location 3:  SVDP/Ministry of care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No	Location 4:  SVDP/Ministry of care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No

**SAFE ENVIRONMENT TRAINING CLASS INFORMATION**

Date \_\_\_\_\_ Location \_\_\_\_\_ Trainer: \_\_\_\_\_

**DECLARATION –** Please read each statement and *initial* on the lines below (*Do not make check marks*).

(initials only)  
\_\_\_\_\_ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

(initials only)  
\_\_\_\_\_ I understand that a background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

(initials only)  
\_\_\_\_\_ I agree to observe all Catholic Diocese of Gallup guidelines, policies, and procedures for the program in which I am applying.

**\*\*\* PLEASE SIGN BELOW AFTER YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Interview Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks Complete (Minimum of Three) <input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Environment Training Complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Check Received <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes With Listed Restriction(s) _____	