

Appendix VI Volunteer Application Form

The **Catholic Diocese of Gallup** appreciates your willingness to share your faith, gifts and skills. 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 provide the highest quality Catholic programs for the people of our community. For your privacy, this form will be stored in a locked environment.

MAIN APPLICATION				
Last Name	First Name	Middle Initial	Date of Birth	Social Security #
Mailing Address & Physical Address	City	State	Zip	Gender: __ Male __ Female
Length at above address ____ Years ____ Months If you have resided at the above location less than 5 years, list previous addresses below. If additional space is needed please attach an additional sheet.				
Mailing Address & Physical Address	City	State	Zip	____ Years ____ Months
Mailing Address & Physical Address	City	State	Zip	____ Years ____ Months
Home Telephone Number	Cell Phone Number	__ I am a current volunteer since (Date) _____ at (Parish/School): _____		
Email Address		__ 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 home.		
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?				

EMPLOYMENT				
Current Employer:		Position	Years employed	
Street Address		City, State	Zip	
VOLUNTEER HISTORY				
Organization Name	Volunteer Position	Start Date	End Date	Duties
Mailing & Physical Address	City	State	Zip	
Contact Person/Title	Phone Number	Email		
Organization Name	Volunteer Position	Start Date	End Date	Duties
Mailing & Physical Address	City	State	Zip	
Contact Person/Title	Phone Number	Email		
Organization Name	Volunteer Position	Start Date	End Date	Duties
Mailing & Physical Address	City	State	Zip	
Contact Person/Title	Phone Number	Email		
REFERENCES (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				
Personal				
Personal				
Family Member				
Family Member				

BACKGROUND CHECK INFORMATION

Have you changed your last name in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Was name change due to marriage/divorce? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain	
Indicate if you have ever been arrested, indicted, awaiting trial or have ever admitted to committing a misdemeanor or felony. If yes please list offense, date, jurisdiction and outcome. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What state do you currently live in? _____ At any time in the past 5 years have you lived in a different state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state(s) did you live in? _____	
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:	Location 2:
Location 3:	Location 4:
SAFE ENVIRONMENT TRAINING CLASS, LOCATION and DATE	
Date: _____ Location: _____ Trainer: _____	
DECLARATION – Please read each statement and initial on the lines below.	
_____ I declare that all statements contained in this application are true and that any (initials only) misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.	
_____ I understand that a background check may be conducted prior to and during my (initials only) service. I authorize investigations of all statements contained in the application.	
_____ I agree to observe all Catholic Diocese of Gallup guidelines, policies and procedures (initials only) for the program in which I am applying.	

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

Applicant Signature: _____ **Date:** _____

Trainer Review

I have reviewed the applicant document and verify applicant completed training and initialed the declaration statements. Trainer Signature: _____ Date: _____

Screening Committee