

DIOCESE OF FORT WORTH

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

Last Name, First Nar	ne, Middle	
Phone Number		
Address		
		Cell Phone
Do you text? Yes	No	
Email address / Gma	il address / Myspace ad	dress / Facebook address (please list all)
How long have you b	een a member of the pa	rish?
In which ministry(ies)	do you wish to voluntee	er?
What interests you al	bout becoming a volunte	eer in this/these ministry(ies)?
		ceived an official reprimand, been terminated from a e to your behavior? Yes No
		·
Signature of Youth	Volunteer	Date
My parent(s)/Guard	ian(s) support my invo	Ivement in ministry at:
Name of Church or	ministry site	
Signature of Parent	/Guardian	Date
Volunteer Application A	uguet 2016	2.4b



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	P	Phone	
Address		Zip	
Have you previously served as a	a parish volunteer? Yes No		
If so, when? (Year)	and in what capacity?		
Parish Name	City	State	
	Supervisor/Contact Person		
Please list two (2) references the	at we can contact who have known	you for at least three (3) years.	
Reference1 ADULT (not your p	parent)		
Name	Phone		
Address			
City	State	Zip	
How long have they known you?	wn you?In what capacity (relationship)?		
Reference 2 PEER (not your b	rother or sister)		
Name	Phone		
City	State	Zip	
How long have they known you?	2In what capacity (rela	tionship)?	
I waive my rights provided by the letters of reference.	e Family Educational Rights and Pri	vacy Act of 1994 to inspect any	

Signature of Volunteer Applicant

Date