



## Ministry Volunteer Application

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

\_\_\_\_\_  
Last Name, First, MI

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address/City/Zip

\_\_\_\_\_  
E-Mail

How long have you been a member of the parish? \_\_\_\_\_

What interests you about becoming a volunteer in children's or youth ministry? \_\_\_\_\_

\_\_\_\_\_  
Where have you lived the past seven years (city/state)? \_\_\_\_\_

Have you ever had a disciplinary proceeding, been terminated from a position or asked to resign from a position due to your behavior with a minor?  Yes  No

Have you ever had your parental rights restricted, suspended or terminated?  Yes  No

Have you previously served as a parish/school volunteer?  Yes  No

If so, when?(year)\_\_\_\_\_ and in what capacity? \_\_\_\_\_

\_\_\_\_\_  
Parish Name \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Phone No. \_\_\_\_\_ Supervisor/Contact Person \_\_\_\_\_

*If you answered "YES" to any of these questions please explain below (use a separate sheet of paper if necessary).*

I understand and agree that a background review may be conducted with respect to me in my previous positions, and that the information I have provided may be verified by contacting persons and organizations with who I have had contact or who may have information concerning me. I agree to release from liability and damages the parish of \_\_\_\_\_ and the Diocese of Fort Worth and its agent(s) who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent.

I affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in \_\_\_\_\_ Parish and/or Diocese of Fort Worth.

I hereby authorize \_\_\_\_\_ Parish and/or Diocese of Fort Worth to request any relevant information from my employer(s) and I authorize any references to release such information.

**Would you agree to a criminal background check?**       Yes    No

**Have you ever been convicted of a felony  
(e.g. restraining orders, injunctions, etc.)?**       Yes    No

**Has a civil or criminal complaint ever been filed against  
you alleging physical or sexual abuse?**       Yes    No

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Application Reviewer**

\_\_\_\_\_  
**Date**



## MINISTRY VOLUNTEER REFERENCE REQUEST

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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Please list three (3) references that we can contact who have known you for at least three (3) years.

### Reference 1

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

### Reference 3

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

I waive my rights provided by the Family Educational Rights and Privacy Act of 1994 to inspect any letters of reference.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date