

Ministry Volunteer Application for Youth

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

Last Name, First Name,	Middle		
Phone Number			
Address			
		Cell Phone	
Do you text? Yes	No		
Email address / Gmail a	ddress / Myspace addres	s / Facebook address (please list all)	
How long have you beer	n a member of the parish?)	
In which ministry(ies) do	you wish to volunteer?		
What interests you abou	ıt becoming a volunteer in	this/these ministry(ies)?	
Have you been suspend	led from school or receive	ed an official reprimand, been terminated from	а
position or asked to resig	gn from a position due to	your behavior? Yes No	
If yes, please explain	_		
Signature of Youth Volunteer		Date	
My parent(s)/Guardian	(s) support my involven	nent in ministry at:	
Name of Church or mir	nistry site		
Signature of Parent/Guardian		Date	



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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		
Have you previously served as a pa	arish volunteer? Yes No		
If so, when? (Year)	and in what capacity?		
Parish Name	City	State	
Parish Phone	_Supervisor/Contact Person		
Please list two (2) references that v	we can contact who have known yo	u for at least three (3) years.	
Reference1 ADULT (not your par	rent)		
Name	Phone		
Address			
City	State	Zip	
How long have they known you?	own you?In what capacity (relationship)?		
Reference 2 PEER (not your brot	ther or sister)		
Name	Phone		
	State	Zip	
How long have they known you?	In what capacity (relation	nship)?	
I waive my rights provided by the F letters of reference.	Family Educational Rights and Priva	cy Act of 1994 to inspect any	
Signature of Volunteer Applicant	t D	ate	