

## Adult Volunteer Application Form

Thank you for generously volunteering your time! Your willingness to give your time and service are greatly appreciated. To volunteer complete this form and return to the Volunteer Coordinator at the parish or school at which you wish to provide volunteer services.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone or Cell Phone \_\_\_\_\_

1. Are you 18 years of age or older? ♦Yes ♦ No
2. I am interested in volunteering at: ♦School ♦ Parish
3. I am interested in volunteering for: \_\_\_\_\_
4. I am available: ♦Mornings ♦Days ♦Evenings ♦Weekends
5. Date(s) available: \_\_\_\_\_
6. Have you ever been convicted of a criminal offense? ♦Yes ♦No
7. References: Please provide two personal/professional references.  
(a) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_  
(b) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

**In case of an emergency please contact:**

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Medical Permissions (Limited):**

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

**Liability:**

I agree on behalf of myself, my heirs, assigns, executors and personal representatives to hold harmless and defend the parish, school or diocese its officers, directors, agents and employees

from any and all liability for illness, injury, or death arising from or in connection with my participation as a volunteer.

**Acknowledgment of Receipt and Compliance Safe Environment Standards of Conduct (if applicable):**

The diocese has adopted policies and standards of conduct as an integral part of its Safe Environment program. These policies and standards of conduct are:

1. Sexual Misconduct Policy
2. Guidelines on Interacting with Children and Young People
3. Code of Pastoral Conduct
  - I understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and are required to undergo a criminal background check.
  - By signing below, I hereby acknowledge that I have received the policies and/or information on how to find a copy of the Safe Environment policies located on the diocesan website and that I have read in its entirety, each of the policies and standards of conduct described above.
  - I agree to conduct myself in full compliance with all Safe Environment policies and standards of conduct as stated in the Safe Environment policies and as may be adopted by the diocese in the future.
  - This also confirms that I will attend a CMG Connect training before I begin paid or volunteer work within 3 days of my scheduled start date.
  - I understand that the diocese, parish or school shall rely on this signed Acknowledgment of Receipt and Compliance to ensure my acceptance and full agreement with all said Safe Environment policies and standards. This signed Acknowledgment will be maintained on file.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*A typed name or electronic signature does not constitute a signature***