

Volunteer Confidential Information Form

Date _____

Title Nam					
Mr/Mrs/Ms/Miss/Dr Address			First Name		Middle Initial
Street			City	ST	ZIP
Cell#	V	/ork #		_ Home #	
Email Address:					
Employer		Role/1			Years
Preferred Language		Spou	se's Name		
Children (names an	d ages)				
I am: less than	18 years old	18 years o	f age or older		
I am interested in t	the role of:	Catechist	Catechist Assi	stant Teen	(Classroom) Helper
		Office	Hall Monitor	Other	
		Grade prefe	rence:		
I am available:	_ Tues. 6:00 pm	– 7:15 pm	Wed. 6:00 pm –	7:15pm	
Is there any medica	l information we	e need to know	v about?		
In case of an emerg	ency, whom sho	uld we contac	t? Name		
Relationship			Phone		
I am a practicing Cath	olic Yes N	No St	Ignatius Loyola Paris	shioner (Realm) # _	
Sacraments Received	:Baptism	First Commun	nionConfirmatio	n Marriage	
Prior religious/paris	h volunteer exp	erience:			
Prior experience wo	orking with child	ren/youth:			

Hobbies, interests, skills, talents, certifications					
Why do you want to volunteer?					
Have you ever been convicted/plead If yes, please explain:	-	se (misdemeanor or felony)?			
Has a civil or criminal complaint eve any kind?	r been filed against you alleging c	hild mistreatment, neglect, or abuse of			
Have you ever been accused of or in harassment, or misconduct of any k	_	emotional/sexual abuse, neglect,			
-		volunteer service for reasons relating use or violence in the workplace?			
Please provide 3 NON-FAMILY mem	ber references:				
Name:	Relationship	Phone			
Name:	Relationship	Phone			
Name:	Relationship	Phone			
correct to the best of my knowledge. I gi or organizations named in this application me. I hereby release and agree to hold h	ve permission for this information to be n, or by contacting any person or organ armless from liability any person or or	attached documents are complete, true, and be verified, if necessary, by contacting persons nization that may have information concerning ganization that provides information. I also Il report that immediately to the Director of			
I understand that these requirements inc	lude at a minimum submitting to a bac	ent Requirements of the Diocese of Palm Beach. Ekground check, fingerprinting, and completing ditional requirements are made by the Diocese			
I agree to conduct myself in accordance values agree to hold harmless the local parish, I understand that I can be released from	the Diocese of Palm Beach, and the of	ficers, employees, and volunteers thereof.			
I understand that my service is of a volun	teer nature, and I will not be paid or re	eceive any compensation for my services.			
Signature		 Date			