



Catholic Diocese of Phoenix

Volunteer Application Form

The **Catholic Diocese of Phoenix** appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. For your privacy, this form will be stored in a locked environment.

MAIN APPLICATION					
Last Name	First Name	Middle Initial	Date of Birth	Social Security #	
Full Address	City	State	Zip	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Length at address _____ Years _____ Months If you have resided at this location less than 5 years, list additional previous addresses on last page of application. Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Most Recent Previous Address		City	State	Zip	
Additional Previous Address		City	State	Zip	
Home Telephone Number	Cell Phone Number	<input type="checkbox"/> I am a current volunteer since (Date) _____ at (Parish/School): _____			
E-mail Address		<input type="checkbox"/> I am a new volunteer working WITH children/youth (under 18) <input type="checkbox"/> I am a new volunteer and DO NOT work with children/youth			
DIOCESE OF PHOENIX QUESTIONNAIRE					
Please specify your parish of registration. (Membership is not defined by attendance but by actual documented registration only.) Leave blank if you are not a member of a specific parish. Name of Parish: _____ Registered in your Parish? ____ Yes ____ No Envelope No: _____ Length of parish membership: _____ Years _____ Months		Please list the names of your children in Catholic schools. If not, please leave blank. _____ _____ _____		Are you applying to be a volunteer at a parish or a school or both? <input type="checkbox"/> Parish <input type="checkbox"/> School _____ _____	
1. What position/role(s) do you desire to fill at the parish or school?					
2. What interests you about the role/position(s)?					
3. What has prepared you for the role/position that you currently hold (or for which you are applying)?					



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EMPLOYMENT Check here if you are not currently employed.

Current Employer: (Name/Address)	Position	Years employed:

VOLUNTEER HISTORY Check here if you do not have volunteer history.

Volunteer Position	Organization	Start date	End date	Duties
Street Address	City	State	Zip	
Contact Person / Title	Contact's Phone Number	Contact's e-mail address		

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REFERENCES (A minimum of 3 required. If residing in Diocese of Phoenix less than 3 years a minimum of 2 references must be from previous location)

Reference Name: First, Last	Address (City State Zip)	Daytime Phone Number	How long have you known this person?	Has this person agreed to be a reference?
Professional/Civic				<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal				<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member				<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member				<input type="checkbox"/> Yes <input type="checkbox"/> No



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BACKGROUND CHECK INFORMATION

Have you changed your last name in the past 5 years? Yes No Was name change due to a marriage/divorce? Yes No
If yes, what was your previous last name? _____

Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?
 Yes No If Yes, Explain _____

Indicate if you have ever been arrested, indicted, awaiting trial or have ever admitted to committing a misdemeanor or felony. If yes, please list the offence, date, jurisdiction and outcome. Yes No
Do you have any outstanding warrants? Yes No

Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child? Yes No

At any time during the past 5 years have you lived in a different state (within the United States) or do you currently live outside the state this Diocese is located in? If yes, what state did you live in? _____

Driver's License: State _____ Number _____

ADDITIONAL VOLUNTEER LOCATIONS Please indicate the city and name of additional parishes/schools/ ministry locations you would like to have this application registered.

Volunteer Location 1: SVDP/Ministry Of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer Location 3: SVDP/Ministry Of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer Location 2: SVDP/Ministry Of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No	Volunteer Location 4: SVDP/Ministry Of Care <input type="checkbox"/> Yes <input type="checkbox"/> No Serve Minors <input type="checkbox"/> Yes <input type="checkbox"/> No

FOUNDATION SAFE ENVIRONMENT TRAINING CLASS, LOCATION AND DATE

Date _____ Location _____

DECLARATION – Please read each statement and initial on the lines below (Do not make check marks).

(initials only)
_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

(initials only)
_____ I understand that a criminal background check may be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

(initials only)
_____ **I agree to observe all Catholic Diocese of Phoenix guidelines and policies for the program in which I am applying.**

***** DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

Applicant Signature: _____ **Date:** ____/____/____

Trainer Review

I have reviewed the applicant document and verify applicant completed training and initialed the declaration statements.

Trainer Initials: _____ **Date:** ____/____/____

Screening Committee

I have reviewed the applicant document and have highlighted missing or incomplete information.

Screening Committee Member Signature: _____ **Date:** ____/____/____

For the safety of our children, we sincerely appreciate your cooperation in completing this entire application.