



# Archdiocese of Seattle Safe Environment Program

## Volunteer Application

Parish/School/Agency: \_\_\_\_\_

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

### CONTACT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell  Hm  Wk  Phone: \_\_\_\_\_

Cell  Hm  Wk  Phone: \_\_\_\_\_ Cell  Hm  Wk  Phone: \_\_\_\_\_

Current Employer (*if applicable*): \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### VOLUNTEER EXPERIENCE

Volunteer position interested in: \_\_\_\_\_

Why would you like to volunteer/serve in this ministry? \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills, education, training or certifications that would pertain to the position you are applying to? \_\_\_\_\_

\_\_\_\_\_

What strengths and talents do you have to offer as a volunteer? \_\_\_\_\_

\_\_\_\_\_

Please list prior volunteer experience. Include organization, position, phone and dates of service starting with most recent.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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### **For Office Use Only:**

Interview Date: \_\_\_\_\_ By: \_\_\_\_\_ Background check:  Submitted \_\_\_\_\_  Cleared \_\_\_\_\_

Safe Environment Training:  Registered \_\_\_\_\_  Completed \_\_\_\_\_

**PERSONAL HISTORY**

HAVE YOU EVER SERVED AT A PARISH, SCHOOL, CHANCERY OR AGENCY OF THE ARCHDIOCESE OF SEATTLE, OR CATHOLIC COMMUNITY SERVICES?  YES  NO IF YES, PLEASE INDICATE WHERE: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR BEEN RELEASED FROM INCARCERATION FOR A FELONY WITHIN THE LAST 10 YEARS?  YES  NO IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from service.) \_\_\_\_\_

HAVE YOU EVER BEEN ACCUSED, ARRESTED, CHARGED, CONVICTED, OR SUBJECTED TO ADMINISTRATIVE/EMPLOYMENT ACTIONS TAKEN AS A RESULT OF ANY ALLEGATION OF CHILD ABUSE OR NEGLECT?  YES  NO IF YES, PLEASE EXPLAIN: (Please note that an affirmative response to the above question will not necessarily bar you from service.) \_\_\_\_\_

**REFERENCES**

Please provide name, address and phone number of three references who are not related to you.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell  Hm  Wk  Phone: \_\_\_\_\_ Cell  Hm  Wk  Phone: \_\_\_\_\_

Cell  Hm  Wk  Phone: \_\_\_\_\_

**OTHER**

Availability: Mornings  Afternoons  Evenings  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Do you have a Driver's License? Yes  No

Do you have car insurance? Yes  No

Do you have a car? Yes  No

*I hereby certify that the information provided on this application is true and complete to the best of my knowledge. I understand that if accepted as a volunteer, any false or misleading statements may result in termination of my services. I authorize the Archdiocese of Seattle to investigate the information contained on this form.*

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