

**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, MI Telephone Number

\_\_\_\_\_  
Address

How long have you been a member of the parish? \_\_\_\_\_

What interests you about becoming a volunteer in children's or youth ministry? \_\_\_\_\_

\_\_\_\_\_

Where have you lived the past seven years? \_\_\_\_\_

\_\_\_\_\_

Have you been suspended from school or received an official reprimand, been terminated from a position or asked to resign from a position due to your behavior? YES NO

If Yes, Please explain \_\_\_\_\_

\_\_\_\_\_

Have you previously served as a parish volunteer? Yes No

If so, when?(year) \_\_\_\_\_ and in what capacity? \_\_\_\_\_

\_\_\_\_\_

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Phone No. \_\_\_\_\_ Supervisor/Contact Person \_\_\_\_\_

I understand and agree that a background review may be conducted with respect to me in my previous positions, and that the information I have provided may be verified by contacting persons and organizations with who I have had contact or who may have information concerning me. I agree to release from liability and damages the parish of \_\_\_\_\_ and the Diocese of Fort Worth and its agent(s) who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent.

I affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in \_\_\_\_\_ Parish and/or the Diocese of Fort Worth.

I hereby authorize \_\_\_\_\_ Parish and/or Diocese of Fort Worth to request any relevant information from my employer(s) and I authorize any references to release such information.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Application Reviewer**

\_\_\_\_\_  
**Date**

**My parent(s)/Guardian(s) support my involvement in ministry at:**

\_\_\_\_\_  
**Name of Church or ministry site**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

## Youth Volunteer Applicant References

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 \_\_\_\_\_

Occupation \_\_\_\_\_

Please list three (3) references that we can contact who have known you for at least three (3) years.

### Reference 1 ADULT

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

### Reference 2 ADULT (not your parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

### Reference 3 PEER (not your brother or sister)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

I waive my rights provided by the Family Educational Rights and Privacy Act of 1994 to inspect any letters of reference.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date