



Diocese of Kansas City ~ St. Joseph

..... Volunteer Application

Contact Information

Name	
Street Address	
City State Zip	
Phone	
Birthday (Month/Day)	
E-Mail Address	

Previous Volunteer Experience

Include experience working with children/youth in other organizations, and dates of service.

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Name of Parish/School/Diocesan Office where you wish to volunteer:

Name of Parish where you are currently registered:

References

Please list those at least two persons who are familiar with your character as it relates to working with youth. References may be checked.

Name and relationship to you:
Email:
Phone:
Name and relationship to you:
Email:
Phone:
Name and relationship to you:
Email:
Phone:

Person to Notify in Case of Emergency

Name	
Contact Phone	

Agreement and Signature

I understand that the information I have provided may be verified if necessary, by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the local parish, the Diocese of Kansas City-St. Joseph, and the officers, employees and volunteers thereof.

In signing this application, I affirm that the information I have given is true and correct.

Name (printed)	
Signature	
Date	

Please return this completed form to the Safe Environment Coordinator (SEC) at the location you wish to volunteer.

The signed Volunteer Application Form shall be kept at the agency/parish/school where the volunteer service will take place.