

# Volunteer Service Request Form

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Entity: \_\_\_\_\_

## **REQUEST**

**Please complete all this information, sign and date it. Please print.**

Name \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Last First Middle Cell Phone #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_  
Street Location (Not PO Box)

For checking prior records, provide other names you have used: \_\_\_\_\_

Ministry or Ministries Requested: \_\_\_\_\_

How long have you been a member of our parish or school community? \_\_\_\_\_

Circle the days you can volunteer: M T W T F S S

List times you are available each day: \_\_\_\_\_

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

\_\_\_\_\_  
\_\_\_\_\_

List any training for church ministry you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from volunteering for any reason?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If Yes, please explain \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No

Are you aware of any situation that would affect your ability to serve as a volunteer?  Yes  No

If Yes, please explain \_\_\_\_\_

What level of education have you attained?  <ES  ES  HS  AA/AS  BA/BS  
 MA/ MS  >MA/ MS

List foreign languages you know and indicate level of proficiency and fluency:

Speak: \_\_\_\_\_ Read : \_\_\_\_\_ Write: \_\_\_\_\_

What computer software do you know? \_\_\_\_\_

Typing \_\_\_\_\_ wpm Drivers License Type:  Chauffeur  Commercial  Regular

\_\_\_\_\_  
Date

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

**APPROVAL**

**FOR ADMINISTRATOR USE ONLY**

Request to serve as a volunteer:  Approved  Denied

\_\_\_\_\_ VL \_\_\_\_\_  
Approved Ministry Dept. ID

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request Approved by: \_\_\_\_\_  
Signature Date

\_\_\_\_\_

Print Signer's Name and Title

**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

\_\_\_\_\_ Date Signature of Volunteer

**FOR ADMINISTRATOR USE ONLY**

- |   |   |
|---|---|
| <input type="checkbox"/> Screening Form Completed                 | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered             |

**VIRTUS** Training Scheduled: \_\_\_\_\_ **VIRTUS** Training Occurred: \_\_\_\_\_

Notes: \_\_\_\_\_