



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. _____

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: _____