



Holy Trinity Catholic Church
25 E. Richmond St.
Westmont, IL 60559

VOLUNTEER APPLICATION FORM

This form is to be completed, signed and returned to the Volunteer Coordinator at the parish, school or agency at which you wish to provide volunteer services. A copy of this completed form will be kept on file.

Last Name	First	Middle	Last 4 digits of SSN	Date
Present Street Address	City	State	Zip	Daytime Phone
Evening Phone	Permanent Street address (if different from present address)		Cell Phone	E-mail Address

Have you ever volunteered for a Diocesan location? yes no Are you 18 years of age or older? yes no
If yes, give details: _____

I am interested in VOLUNTEERING at: school _____; parish _____; agency _____

Interested in volunteering for school activities religious education youth ministry coaching other _____

I am available mornings afternoons evenings weekdays weekends Date available _____

Volunteer Activities

Please list all current and previous volunteer activities beginning with your current or most recent position first. Use additional pages if needed. Include any other names worked under if different from the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
~~~~~ ~~~~~ ~~~~~			
Parish/Company/Organization Name	Phone	From	To
Address	City	State	Zip
Duties/Responsibilities			
~~~~~ ~~~~~ ~~~~~			



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Volunteer Application Form cont.

References

Please provide two personal/professional references. If you have resided in this area for less than two years, please provide at least one reference from your previous area of residence.

Name _____			Name _____		
City _____	State _____	Phone _____	City _____	State _____	Phone _____
Relationship _____		Years Known _____	Relationship _____		Years Known _____

IMPORTANT – Please read and sign below

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from any and all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

Print Name: _____
Signature: _____
Date: _____



DIOCESE OF JOLIET
Volunteer/Independent Contractor Release

In connection with my request to serve as a volunteer or independent contractor, I understand that investigative inquiries on my background, in accordance with all state and federal laws, will be made on me, and may include information as to my personal character, mode of living, general reputation, and other qualities pertinent to my service. I understand that the Diocese of Joliet and/or First Advantage BACKGROUND CHECK COMPANY may make inquiries about any criminal history and driving history.

Furthermore, I understand that the Diocese of Joliet and/or First Advantage BACKGROUND CHECK COMPANY may request information from various federal, state and other agencies that maintain such records. I authorize, without reservation, any party, including, but not limited to, law enforcement agencies, state First Advantage BACKGROUND CHECK COMPANY to furnish any and all of the above mentioned information. In addition, I hereby release the Diocese of Joliet and First Advantage BACKGROUND CHECK COMPANY from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the Diocese of Joliet and/or First Advantage BACKGROUND CHECK COMPANY the above mentioned information as requested, in order to successfully complete a criminal background investigation for my request to serve as an unpaid volunteer and/or Independent Contractor. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by the Diocese of Joliet and/or First Advantage BACKGROUND CHECK COMPANY.

***I understand that date of birth, sex and race are being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.**

NAME _____

ADDRESS _____

TELEPHONE (Home) _____ (Work) _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____
REQUIRED

*DATE OF BIRTH ____/____/____ *SEX _____ *RACE _____

SIGNATURE _____ DATE _____

DIOCESE OF JOLIET _____

DESIGNATED OFFICIAL

AGENCY _____



ACKNOWLEDGEMENT

This is to acknowledge that I have received and reviewed a copy of the

___ Policy Regarding Sexual Abuse of Minors revised 2013

___ Standards of Behavior for Those Working with Minors revised 2014

I understand that I am responsible to become familiar with the contents of the above documents. I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Name _____

Position _____

Agency, parish, institution _____

City _____

Signature _____

Date _____

This form is to be completed, signed and returned to the parish/school/agency for which you will be working/volunteering.

Priests and Deacons only:

This form is to be completed, signed and returned to the Chancery or Deaconate Office by mail or fax