

# Volunteer Service Request Form

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

\_\_\_\_\_ Approved Ministry VL \_\_\_\_\_ 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, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct, 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: \_\_\_\_\_