

Holy Angels Parish Volunteer Enrollment Form

Volunteer Position – _____

In compliance with the US Conference of Catholic Bishops Charter for the Protection of Children and Youth, all volunteers in our parish and school must complete a Volunteer Enrollment Form. Kindly complete the following information if you would like to volunteer your time and talent in order to provide various opportunities for our youth. Thank you!

First Name _____ Middle Initial ____ Last Name _____
Date of Birth _____ Social Security Number _____ - _____ - _____
Street Address _____ City _____ State _____ Zip _____
Telephone Home _____ (cell) _____ E-mail _____
Emergency Contact (name) _____ Relationship _____ Phone _____

Safeguarding All of God's Family Training:

_____ I have completed the training for *Safe Environment Education (SEE)* (formerly VIRTUS)
_____ I have read and signed the Code of Ethical Standards

References and Background Information (If Applicable)

This part of the enrollment form is to be completed by everyone who regularly volunteers for any position involving the care, supervision, or instruction of minors. Based on our scriptural belief in the divinely bestowed dignity of all persons, we commit to providing a safe environment for all people using our premises and programs. This form is a critical part of our Church's efforts to provide a safe and secure environment for children and young people in our ministries.

Please provide the name and phone of two personal references:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Have you ever been convicted of, pled guilty or no contest to an offense (including felony, misdemeanor or municipal ordinance) or are you now the subject of a pending criminal charge?

(please check): _____ yes _____ no. If yes, please explain: _____

(Note: Convictions are not an automatic bar to all participation as a volunteer. Each case is considered on its own merit.)

Certification and Consent:

I certify that the information provided on this document is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements or omissions may lead to removal from my duties, and I agree that Holy Angels Parish shall not be held liable in any respect if my volunteer assignment is withdrawn for any reason.

I give my consent to Holy Angels Parish to verify the information stated above by means of criminal records checks or through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as Holy Angels Parish. I agree to follow the policies of Holy Angels Parish and I pledge to join with the Church in its efforts to provide a safe and secure environment for our children and youth.

Signature: _____ Date: _____

Thank you for the time you have taken to complete this enrollment form. We appreciate your willingness to pursue volunteer activities in our faith community.

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