

VOLUNTEER APPLICATION/IDENTIFICATION FORM

St. Thomas a Becket Parish

Last Name			
First Name			
Address			
Postal Code			
Phone		Phone (other)	
Email			
Spoken Language(s)			
Choices of Volunteer positions you are interested in	1-		
	2-		
	3-		

AVAILABILITIES for volunteering

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

PRESELECTION QUESTIONS

Have you volunteered for other organizations?	YES		NO	
If yes, please describe your duties and responsibilities:				
How can your experience and skills contribute to this volunteer position?				
What do you hope to gain through your experience?				

REFERENCES

(For High-Risk Positions only)

Please name three references who are not related to you and whom you authorize us to contact.

REFERENCE 1

Last Name		
First Name		
Adress		
Phone	Cell:	Work:
Email		
Relationship to applicant or position held		

REFERENCE 2

Last Name		
First Name		
Adress		
Phone	Cell:	Work:
Email		
Relationship to applicant or position held		

REFERENCE 3

Last Name		
First Name		
Adress		
Phone	Cell:	Work:
Email		
Relationship to applicant or position held		

As an applicant for a volunteer position, I understand that my application is not a guarantee of acceptance.

I authorize the parish (or diocesan organization, service or office) to contact the persons listed above for reference checks.

I understand that in addition to reference checks, a criminal and/or credit background check may be appropriate depending on the nature of the position to be filled. I understand that the verifications will be limited to what is necessary given the nature of the position sought.

I am assured that the information gathered will be kept confidential, in accordance with the protection of personal information.

SIGNATURE

DATE