

Diocese of Grand Island Volunteer Application

Parish / School / Diocesan Office

Printed Name		Date of Birth	
Address	City	State	Zip
Phone	Cell	Email Address	

Occupation, Employer, and Business Address

1. Previous Volunteer Experience:

2. Experience working with children / youth in other organizations:

3. Previous employment (last 7 years):

Address City State

4. Current memberships (religious, community business, labor, or professional organizations):

5. References: Please list those who are familiar with your character as it relates to working with youth, **including at least one current or past employer or volunteer supervisor**. References will be checked.

Name: _____

Mailing _____

Address: _____
address city state zip Ph #

Name: _____

Mailing _____

Address: _____
address city state zip Ph#

Name: _____

Mailing _____

Address: _____
address city state zip ph#

6. Additional Information (If yes, please explain below)

a. Do you use illegal drugs? Yes No

b. Have you ever been convicted of a criminal offense? Yes No

c. Have you ever been charged with child abuse or neglect? Yes No

d. Has your driver's license ever been revoked or suspended? Yes No

e. Has your employment or volunteer service eligibility ever been denied by a diocese or other entity? Yes No

f. Other than the above, is there any other fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No

If Yes, explain: _____

I understand that the information I have provided may be verified if necessary, by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the local parish, the Diocese of Grand Island, and the officers, employees, and volunteers thereof. In signing this application, I affirm that the information I have given is true and correct.

Signature of Applicant

Date

Diocese of Grand Island Reference Questionnaire

Name of Reference: _____

Name of Volunteer: _____

1. In what capacity have you known the applicant?

2. How long have you known the applicant?

3. What is your opinion of the applicant's relationship to his / her own family members?

4. How would you rate his / her personality and suitability for youth work regarding:

	Outstanding	Good	Fair	Poor	I can't comment
Communication Skills					
Energy level					
Sense of Humor					
Leadership Ability					
Responsibility					
Maturity					
Warmth					
Comfort working with youth					

5. To your knowledge is there any reason this applicant should not be directly involved with children / youth?

Name

Title

Address

Phone

Signature

Date

To be completed by each identified reference and retained in personnel file.
Approved for 2018