

**ST. LUKE THE EVANGELIST
VOLUNTEER**

Date: _____

Name of Applicant: _____

Street Address : _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Check Age Group: Under 18 _____ 18-25 _____ 26 + _____

Volunteer activities or Ministries for which you are applying (*i.e., catechist, usher, carnival, room mother, etc.*):

List any previous experience as a Parish/School Volunteer: (*include dates, position and location*):

Dates Volunteered	Position	Parish/School
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Dates Volunteered	Position	Parish/School
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Are you listed in VPIN (*Volunteer and Personnel Information Network*) **for the Archdiocese of Los Angeles?** Yes: ___ No: ___

If yes, please list parish/school site where your information was entered:

(Name of Parish or School)	(City)	(Region)
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Completed Safe Environment Training for Adults (*Check all that apply*):

VIRTUS® Protecting God's Children Adult Awareness Certificate on file: [] Year _____

VIRTUS® Keeping the Promise Alive Recertification Certificate on file: [] Year _____

Fingerprinting on file with Archdiocese of Los Angeles: [] Year _____

Completed Safe Environment Training for Children and Youth Under 18 (*Check all that apply*):

VIRTUS® Teaching Touching Safety [] Year _____

Good-Touch/Bad-Touch® Program [] Year _____

Creating Safe and Sacred Places [] Year _____

Years a Member of Parish/School and Reference

How many years have you been a member of the parish or school: _____

Name of a reference who is a member of the parish or school:

Name Parish/School

Complete Address and Phone No(s).

Special Considerations/Emergency Contact Information

Do you have any special considerations which would prevent you from performing essential volunteering functions?

___ Yes ___ No If "Yes" please explain: _____

Emergency Contact: _____ Relationship : _____

Home Phone: _____ Work Phone : _____

I understand that my status is as a volunteer only and not as an agent or employee of the school or parish. I also understand that there is no employment relationship or inferred right or obligation of employment. Parent must sign if volunteer is a minor

Signature _____ Date _____
(Volunteer)

Signature _____ Date _____
(Parent signature required if volunteer is minor)

OFFICE USE ONLY

Personal Interview Date: _____ Interviewer: _____

Reference Check Completed Date: _____ Interviewer: _____

Archdiocese of Los Angeles VPIN Date: _____

Child Sexual Abuse Education Completed Date: _____