

Diocese of Erie –

Office for the Protection of Children and youth Application for Adult Volunteers Working with Children\Youth

Please print or type

Date Name of Parish/School/Agency/Institu	ıtion				
to which you are applying:					
Volunteer position sought:					
Name					
(first)	(middle)		(last)		
Address(street, city, state, zip code) If less than 5 years Previous address					
(street, city, state, zip code)					
Phone (w\ area code)		C	Н	W	(circle one)
Alternate phone (w\area code)		_ C	Н	W	(circle one)
Email					_
Name and address of parish of which yo	u are a member:				
(Name, city) If a new parishioner (less than six month	ns), name and address	s of fo	rme	r pa	rish:
(Name, city, state)					
Education: ☐ High School ☐ High Sch Graduate Equivaler Name of Institution			me C	olle	ge 🗆 College
☐ Bachelors ☐ Masters ☐ Doctorate	e Other				
Degree					
Employment: Current employer, if applicable	□ Retired				
Position/Title					
Employment dates (starting, ending)					
Employer address					

Skills & Experience:

Special training, skills, hobbies
Groups, clubs, organizational memberships
Please describe your prior volunteer experience (include organization names and dates of service)
What experiences have you had that may prepare you to work as a volunteer in the position sought (description, e.g., coach, tutor, boy/girl scout leader, etc.)?
Why do you want to volunteer? (Or, what do you hope to gain from this volunteer experience?)
Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition) Conviction of a crime is not an automatic disqualification for volunteer work.
Do you have a driver's license? □ No □ Yes
Do you have car insurance? ☐ No ☐ Yes

References:

Please list two people who know you well and can attest to your character, skills, and dependability. References will be contacted by phone, email or direct mail.

Name	Name
Relationship to you	Relationship to you
Length of relationship	Length of relationship
Phone Number	Phone Number
Email	Email
Address	Address
All parish and school volunteer	applicants <u>must</u> sign statement below:
of acceptance. I certify that I have and wi of my knowledge. I certify that I have and not and will not withhold any informati position. I understand that information co which I am applying. I understand that in	or volunteer service and is not a commitment, contract or promise II provide information that is true, correct and complete to the best d will answer all questions to the best of my ability and that I have on that would unfavorably affect my application for a volunteer ontained on my application will be verified by the parish/school to misrepresentations or omissions may be cause for my immediate position with the named parish/school or in my termination as a
molestation of a minor. No formal or intagainst me that would call into question	d of child abuse or a crime involving actual or attempted sexual formal unresolved charge, claim or complaint has ever been made the advisability of entrusting me with the supervision, guidance of disqualified from service based upon a conviction of an offense Services Law.
Signature of Applicant	Date
	taff member/Principal may sign the application as the required ontacting the above references. Their signature below testifies
Name	Job Title
To be completed by Supervisor:	
References checked: □ No □ Ye	s(initials)
Approved for Volunteer Service □	No Yes(initials)
Date	

Revised: January 2021