



St. Joseph the Worker Catholic Church Volunteer Application & Release

Name: _____
Last First Middle

Address: _____

City State Zip

Business Phone: _____ Home Phone: _____

Volunteer Position: _____

What interested you in this position? _____

Thank you for your interest in volunteering at *the Church of St. Joseph the Worker*. We appreciate your willingness to work with our minors and/or vulnerable adults. We know that as a volunteer you have the highest concern for those to whom you are ministering. In order to protect the most vulnerable among us, as well as our employees and volunteers, we ask that all volunteers in positions involving minors or vulnerable adults answer the following questions.

1. How long have you been associated with *the Church of St. Joseph the Worker*? _____

2. If you have been associated with *the Church of St. Joseph the Worker* less than five years, list names and addresses of other churches you have attended.

3. Are you age 18 or older? (circle one) Yes No

4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No

5. Please list any gifts, training, education, or other factors that have prepared you for work with minors or vulnerable adults.

6. Please provide at least two professional/personal references we may contact.

a. Name: _____ Phone Number: _____

Relationship: _____

b. Name: _____ Phone Number: _____

Relationship: _____

7. Please describe prior volunteer experiences. (Attach additional sheets if needed.)

a. Organization: _____

Address: _____

Street Address	City	County	State	Zip
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Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

b. Organization: _____

Address: _____

Street Address	City	County	State	Zip
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Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo. /Yr.) _____ To (Mo. /Yr.) _____

Duties: _____

8. I have received, read, and understood a volunteer position description for this ministry, read and signed the Volunteer Code of Conduct, and read and understood the *Church of St. Joseph the Worker* Harassment Policy.

(initial) _____ Yes _____ No

I agree to observe all of the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully is grounds for not being considered for a volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability *the Church of St. Joseph the Worker*, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participants and volunteers, and I promise to faithfully follow all such policies.

Signature _____ Date _____