



Volunteer Application

Diocese of Kansas City-St Joseph

Contact Information

Name	
Street Address	
City State Zip	
Home Phone	
Work or Cell Phone	
E-Mail Address	

Previous Volunteer Experience

Include experience working with children/youth in other organizations.

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Name of parish where you wish to volunteer: _____

Name of parish where you are currently registered: _____

References

Please list at least 2 persons who are familiar with your character as it relates to working with youth. References will be checked.

Name: Email: Phone:	
Name: Email: Phone:	
Name: Email: Phone:	

Person to Notify in Case of Emergency

Name	
Contact Phone	

Agreement and Signature

I understand that the information I have provided may be verified, if necessary, by contacting the person 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 Kansas City-St Joseph, and the officers, employees and volunteers thereof.

In signing this application, I affirm that the information I have given is true and correct.

Name (printed)	
Signature	
Date	

Note: Volunteers who wish to work with minors should be active and known members of the parish/school community for a minimum of six months prior to placement. In special circumstances, the pastor or principal may waive this requirement.

Please return this completed form to the Safe Environment Coordinator at the location you wish to volunteer.

The signed Volunteer Application Form shall be kept in volunteer files at the parish/school where the volunteer service will take place.