



Diocese of Springfield in Illinois Volunteer Agreement & Application

Volunteer Agreement - Many people generously offer their time and talent to our parish/school in a variety of ministries that teach, serve, and reach out to members of our community. As a Church, we value the safety of children in our care, our employees, and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore the Diocese recommends that applications be completed and background checks be conducted for volunteers in specific ministries dealing with minors. We appreciate your understanding of these important precautions, and your willingness and commitment to serve. Please take some time to complete this application and background check form. Thank you.

Any material misrepresentation or deliberate omission of facts on my application will be justification for refusal of a volunteer position or if already a volunteer, termination from that volunteer position.

I agree to observe all of the guidelines and policies for the parish, school, agency or institution in the Diocese of Springfield in Illinois where I am applying for a volunteer position.

I understand that the parish, school, agency or institution in the Diocese of Springfield in Illinois has a zero tolerance for abuse and takes all allegations of abuse seriously. I further understand that the parish, school, agency or institution in the Diocese of Springfield in Illinois cooperates fully with the authorities to investigate all cases of alleged abuse. Abuse of minors is grounds for immediate dismissal and possible criminal charges.

I understand I can withdraw from the application process at any time.

I have read and understood the above statement.

Signature _____ **Date:** ____ / ____ / ____

Volunteer Application

IMPORTANT: Please Take Extra Care To Make Your Entries Very Clear and Easy to Read.

Name (Please Print):				
Last	First	MI		
		-	-	
Maiden and/or Former Name(s)			Social Security Number	
			MO	Day
			/	YR
			/	
Drivers License No.	State	Email (Home)	Today's Date	
Current Address	City	State	Zip Code	County
Home Phone: ()	Work Phone: ()	Cell Phone: ()		

Are you a member of a parish? **If yes list the name of the parish:** _____
 Yes No **How long have you been a member:** _____ months/years

Please indicate if you are: An existing volunteer for this parish, or
 Not currently a volunteer, but applying to become a volunteer.

Please indicate the type of volunteer position currently hold (or applying for): _____

What is the name of the parish, school or institution you are applying with:

What interests you about the volunteer position:

What has prepared you for the volunteer position:

Have you ever had you volunteer service terminated by any parish, school, agency or institution Yes No If yes, please explain:

List all volunteer positions in the last 10 years regardless of length of volunteer service, *starting with the most recent*. If more space is needed please provide a separate sheet of paper.

Started __/__/__ Ended __/__/__	Parish, School, Agency, Institution Name	City & State	Individual in Charge:
	Position Held	Reason for Leaving	
May we contact "Individual in Charge" for reference <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No.: ()			
Started __/__/__ Ended __/__/__	Parish, School, Agency, Institution Name	City & State	Individual in Charge:
	Position Held	Reason for Leaving	
May we contact "Individual in Charge" for reference <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No.: ()			
Started __/__/__ Ended __/__/__	Parish, School, Agency, Institution Name	City & State	Individual in Charge:
	Position Held	Reason for Leaving	
May we contact "Individual in Charge" for reference <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No.: ()			
Started __/__/__ Ended __/__/__	Parish, School, Agency, Institution Name	City & State	Individual in Charge:
	Position Held	Reason for Leaving	
May we contact "Individual in Charge" for reference <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No.: ()			

Which of your past volunteer positions did you like the best? _____

Why? _____

Which of your past volunteer positions did you like the least? _____

Why? _____

Have you been convicted or plead guilty to a misdemeanor or any offense that involves embezzlement, fraud, stealing, robbery, violence or physical or sexual assault, abuse, neglect or misconduct in any form ? Yes No If yes, explain _____

Have you been convicted or plead guilty to a felony within the last ten years Yes No If yes, explain

*While a conviction record is considered, it is not automatic grounds for rejecting an application for a volunteer position. Circumstances surrounding the conviction are considered.

List all employment in the last 10 years regardless of length of employment, *starting with the most recent or current*. Explain any gaps in employment in the section provided. If more space is needed please provide a separate sheet of paper.

Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	
Started ____/____/____	Company Name	City & State	Immediate Supervisor Name
Ended ____/____/____	Position Held	Reason for Leaving	
May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No. : ()	

Skills or Qualifications (List other experiences, skills or qualifications which you feel would qualify you to work within the Church)

Referral Source Church Bulletin Another Volunteer Relative Other _____

References

Type of Reference	Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic					<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional/Civic					<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal					<input type="checkbox"/> Yes <input type="checkbox"/> No
Family member					<input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for taking the time to complete this application.