VOLUNTEER APPLICATION

*Parish/Collaborative*

*Town*

*Phone*

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I choose not to provide an emergency contact \_\_**\_\_\_\_\_**

*Note that this section should be customized to your parish/collaborative*

Ministry: (Please check all ministries you are interested in serving)

Worship Ministries

\_\_\_\_\_ Choir \_\_\_\_\_ Lector \_\_\_\_\_ Eucharistic Minister

\_\_\_\_\_ Usher/Collector \_\_\_\_\_ Cantor \_\_\_\_\_ Musician

\_\_\_\_\_ Sacristan \_\_\_\_\_ Greeters

\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Ministries

\_\_\_\_\_ Religious Education/Faith Formation \_\_\_\_\_ Youth Group

\_\_\_\_\_ Altar Server Coordinator \_\_\_\_\_ CYO

\_\_\_\_\_ Youth/Teen Music Ministry \_\_\_\_\_ Life Teen/Youth Worship

\_\_\_\_\_ Coaches \_\_\_\_\_ Babysitters \_\_\_\_\_ Chaperones

\_\_\_\_\_ Boy Scouts \_\_\_\_\_ Girl Scouts \_\_\_\_\_ Service/Mission Trips

\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Ministries

\_\_\_\_\_ Parish Council \_\_\_\_\_ Finance Council \_\_\_\_\_ Development/Fund Raising

\_\_\_\_\_ Counters \_\_\_\_\_ St. Vincent DePaul \_\_\_\_\_ Food Pantry/Emergency Help

\_\_\_\_\_ Social Justice \_\_\_\_\_ Prayer Groups \_\_\_\_\_ Adult Faith Formation

\_\_\_\_\_ Home Visiting \_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you performed Volunteer work previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and what type of work?

Please tell us why you are interested in this volunteer ministry:

For all Youth Ministries, please provide us with two references. Your references should not be relatives.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note that all volunteers must complete a CORI background screening prior to beginning ministry** and annually after that.

All adult volunteers who may be around youth, including all those in worship ministry, must complete **Protecting God’s Children training within the first 60 days of ministry**.

All volunteers working directly with youth must complete **Protecting God’s Children training within the first 30 days of ministry.**

Volunteers can sign up for PGC training by going to [www.VIRTUSonline.org](http://www.VIRTUSonline.org) and following the instructions. Select “Boston, MA (Archdiocese)”, fill in the required information then it will give you a series of trainings from which to choose. Please call the Office of Child Advocacy at 617-746-5994 if you need assistance.

All volunteers must read and agree to comply with both the Code of Conduct for Volunteers and the Child Protection Policy for the Archdiocese of Boston. They can be found at <https://www.bostoncatholic.org/protecting-children-word-welcome> For printed copies please ask your volunteer coordinator.

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Volunteer Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature if Volunteer is under the age of 18 Date Rev. 3/2023