



# Volunteer Application and Information Form

*Required for all volunteers working with or around minors*

Revised March 2021

## Contact Information

Full name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Email address *(please print legibly!)* \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Volunteer Interests

Are you a registered parishioner at St Frances of Rome Parish? \_\_\_\_ Yes \_\_\_\_ No

*If "no," explain your affiliation with St Frances of Rome Parish in the space below. Interested in joining? We'd love to have you! Please reach out to our Pastoral Associate for registration information.*

Which Faith Formation program(s) are you interested in helping with? *(check all that apply)*

- \_\_\_\_ Children's Liturgy of the Word
- \_\_\_\_ Vacation Bible School
- \_\_\_\_ First Reconciliation and Communion preparation
- \_\_\_\_ Confirmation preparation
- \_\_\_\_ Family Days
- \_\_\_\_ High school youth ministry
- \_\_\_\_ Other programs/activities involving youth: \_\_\_\_\_

Do you intend to transport minors in your vehicle to and from church events? \_\_\_\_ Yes \_\_\_\_ No

*If yes, you must provide the parish office with a photocopy of your driver's license and insurance information.*

## Safe Environment

Have you ever been charged with, arrested for, or convicted of a crime other than a minor traffic violation?     Yes     No    *If yes, explain fully the circumstances in the space below:*

Have you ever been the subject of an investigation involving an allegation of sexual abuse?  
 Yes     No    *If yes, explain fully the circumstances in the space below:*

Has a civil or criminal complaint ever been filed against you alleging physical abuse or sexual abuse?  
 Yes     No    *If yes, explain fully the circumstances in the space below:*

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse by you?  
 Yes     No    *If yes, explain fully the circumstances in the space below:*

Have you ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you?  
 Yes     No    *If yes, explain fully the circumstances in the space below:*

Have you already completed the archdiocesan Safe Environment training?  
 Yes, at \_\_\_\_\_ (location) on \_\_\_\_\_ (date)  
 No

**All volunteers working with or around minors at St Frances of Rome Parish MUST have completed the archdiocesan Safe Environment training AND have an up-to-date background check on file in the parish office BEFORE volunteering with minors.**

## Code of Conduct

I have read and understood the "Code of Conduct for Church Personnel" (attached), and I agree to abide by all Safe Environment policies of the Archdiocese of Louisville and St Frances of Rome Parish.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only:*

*Application form approved*

*Verified Safe Environment attendance*

*Background check requested*

*Background check entered into system*

*(Drivers only) Received copies of license  
and insurance information*