



Diocese of Albany

40 North Main Avenue
Albany, NY 12203
Tel. (518) 453-6600
Website: www.rcda.org

VOLUNTEER APPLICATION

**PLEASE COMPLETE THE APPLICATION IN FULL AND PRINT ALL REQUIRED INFORMATION LEGIBLY – THANK YOU!
INFORMATION ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.**

Date _____ Type of Service _____

PERSONAL INFORMATION

Last Name		First	Middle
Address (Street Number)		City	State Zip
Telephone Numbers	Day	Evening	email address
In an emergency Notify _____ Relationship _____ Telephone _____			
Are you 18 years or older? Yes _____ No _____			
What volunteer position are you applying for? _____			
Have you ever been convicted of a crime? Yes _____ No _____ If yes, give details: _____ _____			
Has there ever been a finding against you involving child abuse or maltreatment? Yes _____ No _____ If yes, give details: _____ _____			
Please note: A conviction is not an absolute bar to volunteer service but will be considered before accepting offers of service.			
Why do you want to volunteer in this ministry? _____ _____			
What skills or previous experience do you have that might contribute to your work in this ministry? _____ _____			
Do you speak any language other than English? _____ What language? _____			
Availability? _____			
Additional comments _____ _____			

References (References should not be family members)

1. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			
2. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			
3. Name _____			
Address _____			
(street)	(City)	(Zip)	(email)
Phones: Daytime _____		Evening _____	
How do you know this person? _____			
How long have you known this person? _____			

Authorization

I certify that the facts contained in this volunteer application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds to deny any offer of service and/or end any current service. I authorize investigation of all statements contained herein and the references listed above to give pertinent information. I also understand that I will be required to submit to a background screening and to attend the "Safe Environment" program required by the Diocese of Albany and/or other training programs as required.

 (Signature) _____ (Date)

For Parish Office Use:

References checked by _____	Date: ____/____/____
Background check completed at beginning of ministry	Date: ____/____/____
Safe Environment Training completed before beginning ministry	Date: ____/____/____
Diocesan Code of Conduct Certificate of Completion filed	Date: ____/____/____
Diocesan Tech Policy Certificate of Completion filed	Date: ____/____/____
Diocesan Social media Certificate of Completion filed	Date: ____/____/____
Diocesan Sexual Harassment Certificate of Completion filed	Date: ____/____/____