

**APPLICATION FOR VOLUNTEER SERVICE**

**PLEASE PRINT CLEARLY**

Ministry or Area you wish to volunteer in \_\_\_\_\_

**Name** \_\_\_\_\_ **Preferred Cell Phone:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ # Yrs: \_\_\_\_\_

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

**What is your occupation?** (Please be specific)

\_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ How long? \_\_\_\_\_

**Have you taken the Virtus program?**

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

**Describe any past formal or informal training for the ministry that interests you:**

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

**What other organizations /ministries do you belong to at St. Philip?**

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

**What is the name of your previous parish?**

Name	City /State	# of Years
_____		

**OTHER: (Persons Virtus trained and currently serving in a St. Philip ministry may omit this section.)**

Except for a minor traffic violation for which the fine was \$200 or less, or any offense that was finally settled in a Juvenile Court or under a Welfare Youth Offender Law, have you ever been arrested or convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Has an allegation or complaint ever been made against you alleging harassment, physical or sexual abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever terminated your employment or had your employment terminated for reasons of physical or sexual abuse or harassment? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered YES to any of the above questions, please explain: (Indicate the date, nature and place of the allegation, your employer, and his/her address and telephone number.)

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

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**VOLUNTARY CONSENT:**

I **authorize** any reference or Church listed in this application to give you any information they may have regarding my character and fitness.

I **release** such references and the Parish/Archdiocese from liability for any damage that may result from furnishing such information or evaluation to you, and I **waive** any right that I may have to inspect any references provided.

I hereby give my consent to the Parish/Archdiocese of Galveston-Houston to request and provide information relating to my **suitability** to serve and for those persons to release such information to the Parish/Archdiocese, and other inquiring parties.

I give my permission for the Parish/Archdiocese to obtain information relating to my **criminal history** record. I understand that this information will be used to determine my eligibility for a volunteer position with the Parish/Archdiocese.

I hereby affirm that the information contained in this **application is correct** to the best of my knowledge and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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