



### APPLICATION FORM FOR MINORS SERVING AS VOLUNTEERS

#### BACKGROUND INFORMATION

There is a growing public awareness that the safety of minors is a top priority for organizations and institutions that educate and support them. The Church through its local parishes is one of those institutions. As such, it is important that the volunteers who work with our children are a good fit to minister in those positions. This form is available to be filled out by all minors, but must be filled out by High School youth.

The information requested herein is to be furnished by high school volunteers who are minors (until Sept. 1 after graduating from High School) involved with children on a regular basis, in roles that include, but not limited to coach's assistants, classroom aides, catechists, choir helpers, Jr. High youth ministry helpers, etc. (even though it may be a single occurrence). All such volunteers must complete this form before undertaking their duties.

#### PERSONAL DATA (please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

#### EXPERIENCE WITH YOUTH

Two references from adults who can attest to your character are to be provided. References may be from a current or former teacher, or from a school administrator or a member of the parish staff.

References: Name	Years Known	Title	Phone	Staff only Date Contacted
1			( )	
2			( )	

#### CERTIFICATION AND AUTHORIZATION

I hereby authorize investigation of all statements contained on this form and certify that all information included herein is complete and accurate. I understand that my continuance as a volunteer is dependent upon verification of my statements and that a misstatement of fact would be grounds for my immediate discharge as a volunteer. I also certify that I have been instructed about appropriate conduct detailed in the Diocese of Joliet *Standards of Behavior for Those Working with Minors* and that I agree to behave accordingly.

\_\_\_\_\_  
Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to serve as a volunteer at

\_\_\_\_\_  
Parish/School/Agency \_\_\_\_\_ City/Town \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return to leader of parish program for which you are volunteering.*