



**ARCHDIOCESE OF SAN FRANCISCO**

**APPLICATION FORM**

**FOR PERSONS VOLUNTEERING TO WORK WITH CHILDREN AND YOUTH**

**Parish:** \_\_\_\_\_

Please print clearly and complete the entire document. Once completed return it to the Parish Office. This form must be completed before you begin your work with children.

**All information will remain confidential except as set forth herein.**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
*(On a separate page, list all addresses at which you resided over the past five years)*

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Date of Birth # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

(Additional/Optional) Driver's License Number # \_\_\_\_\_ (Confirmed with photo ID) \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_  
\_\_\_\_\_

List other names you use or are by which you are known \_\_\_\_\_  
\_\_\_\_\_

Volunteer ministry you wish to perform \_\_\_\_\_

Hours available \_\_\_\_\_ Day of the week available \_\_\_\_\_

Present Occupation \_\_\_\_\_

Employer/Business Name \_\_\_\_\_ Years employed \_\_\_\_\_

Employer/Business Address \_\_\_\_\_

Education completed \_\_\_\_\_

Certificates/Special Training \_\_\_\_\_

Previous experience working with children/youth in organizations, schools, parishes (Please list activity and name of organization, school, parish.)

Professionally \_\_\_\_\_  
\_\_\_\_\_

As a volunteer \_\_\_\_\_

---

Membership in organizations (Please list) \_\_\_\_\_

---

What other experiences have you had which would assist you in doing your ministry? (Please list)

---

---

**References:** Please list two references. Your references should be people who know your work and personal character.

NAME	MAILING ADDRESS	PHONE
------	-----------------	-------

1. \_\_\_\_\_

2. \_\_\_\_\_

1. Are you addicted to alcohol, drugs or any illegal substance? \_\_\_\_\_Yes \_\_\_\_\_No

2. Have you ever been convicted of a crime? (other than minor traffic violations?) \_\_\_\_\_Yes \_\_\_\_\_No

3. Have you ever been convicted of child neglect, abuse or sexual misconduct? \_\_\_\_\_Yes \_\_\_\_\_No

4. Have you ever been suspended, dismissed or asked to resign a paid or volunteer position involving children? \_\_\_\_\_Yes \_\_\_\_\_No

If you answered "yes" to any of the above questions please explain:

---

---

---

---

Would you agree to undergo finger-printing if this were considered necessary? \_\_\_\_\_Yes \_\_\_\_\_No

I understand that the information I have provided may be verified, and used to evaluate my suitability for volunteer work, by contacting the persons, parishes or organizations named in this application, as well as, any agency (e.g. Department of Justice Child Molester Registry Program) authorized by law to provide criminal records or information to the Archdiocese. I hereby release and agree to hold harmless from liability any person, parish or organization that provides information. I also agree to hold harmless the parish, the Roman Catholic Archbishop of San Francisco, the Archdiocese, and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Director/Supervisor of Program /Activity

\_\_\_\_\_  
Signature of Director/Supervisor of Program/Activity

\_\_\_\_\_  
Date