



Saint Michael Parish
196 Main Street, North Andover, MA 01845

VOLUNTEER APPLICATION

Volunteer Name: _____ DOB: _____

Address: _____

Phone numbers: (cell) _____ (home) _____

Email Address: _____

Emergency Contact: Name: _____

Relationship: _____

Phone: _____

Ministry: (Please check all ministries you are interested in serving or in which you serve.)

Worship, Sacramental, Faith Formation and Spiritual Life Ministries

_____ Altar Server Coordinator*	_____ Lector	_____ SMS Volunteer*
_____ Baptism Ministry*	_____ Music Ministry	_____ Transformed in Love
_____ Eucharistic Minister	_____ Prayer Group Facilitator	_____ Video Ministry
_____ Faith Formation *	_____ Sanctuary Society	_____ Wedding Coordinator
_____ Hospitality Ministry	_____ Small Group Facilitator	_____ Youth Choir Assistant*
_____ Lazarus Funeral Ministry		
_____ Other (please specify) _____		

Outreach Ministries

_____ Bread & Roses Coordinator	_____ Prayer Shawl Coordinator
_____ Night in Bethlehem*	_____ St. Elizabeth Hospitality*
_____ Open Hearts Ministry	_____ St. Vincent DePaul*
_____ Outreach Eucharistic Minister	_____ Support Group Facilitator
_____ Picnic Team*	_____ Youth Group*
_____ Other (please specify) _____	

Parish Administration Ministries

_____ Finance Council	_____ St. Martha Cleaning Ministry
_____ Parish Pastoral Council	_____ Theresian Flower Ministry
_____ Office Helpers	
_____ Other (please specify) _____	

* *All adult volunteers ministering directly with youth.*

Have you performed Volunteer work previously? ____ Yes ____ No

If yes, where and what type of work? _____

Please tell us why you are interested in this volunteer ministry: _____

*** For all NEW volunteers, ministering directly with YOUTH, please provide us with two references. Your references may not be relatives.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Note that all volunteers must complete a CORI (Criminal Offense Record Inquiry) background screening prior to beginning ministry and annually after that.

***All adult volunteers working directly with youth must complete Protecting God's Children (PGC) training within the first 30 days of ministry.**

All adult volunteers must complete **Protecting God's Children (PGC) training within the first 60 days of ministry.**

PGC: Volunteers can sign up for PGC training by going to www.VIRTUSonline.org and following the instructions. Select "Boston, MA (Archdiocese)"; fill in the required information. It will then lead you to a series of trainings from which to choose. Please call the Office of Child Advocacy at 617-746-5994 if you need assistance.

All volunteers must read and agree to comply with both the **Code of Conduct for Volunteers, Sexual Harassment Policy** and the **Child Protection Policy** for the Archdiocese of Boston provided to you when filling out this form. They can also be found at <https://www.bostoncatholic.org/protecting-children-word-welcome>. For printed copies, please ask your volunteer coordinator.

I have provided the correct information and I agree to the Archdiocesan policies.

Volunteer Signature Date

Staff Signature Date

Parent Signature if Volunteer is under the age of 18 Date