

VOLUNTEER APPLICATION

Parish/Collaborative

Town

Phone

Volunteer Name: _____ DOB: _____

Address: _____

Phone numbers: (cell) _____ (home) _____

Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Note that this section should be customized to your parish/collaborative

Ministry: (Please check all ministries you are interested in serving)

Worship Ministries

_____ Choir	_____ Lector	_____ Eucharistic Minister
_____ Usher/Collector	_____ Cantor	_____ Musician
_____ Sacristan	_____ Greeters	
_____ Other (please specify)	_____	

Youth Ministries

_____ Religious Education/Faith Formation	_____ Youth Group
_____ Altar Server Coordinator	_____ CYO
_____ Youth/Teen Music Ministry	_____ Life Teen/Youth Worship
_____ Coaches	_____ Chaperones
_____ Boy Scouts	_____ Service/Mission Trips
_____ Other (please specify)	_____

Parish Ministries

_____ Parish Council	_____ Finance Council	_____ Development/Fund Raising
_____ Counters	_____ St. Vincent DePaul	_____ Food Pantry/Emergency Help
_____ Social Justice	_____ Prayer Groups	_____ Adult Faith Formation
_____ Home Visiting	_____ Other (please specify)	_____

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 Youth Ministries, please provide us with two references. Your references should not be relatives.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Note that all volunteers must complete a CORI background screening prior to beginning ministry and annually after that.

All adult volunteers who may be around youth, including all those in worship ministry, must complete **Protecting God's Children training within the first 60 days of ministry.**

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

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 then it will give you 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 and the Child Protection Policy for the Archdiocese of Boston. They can be found at <https://www.bostoncatholic.org/protecting-children-word-welcome> For printed copies please ask your volunteer coordinator.

Volunteer Signature Date

Staff Signature Date

Parent Signature if Volunteer is under the age of 18 Date