

DIOCESE OF GALLUP OFFICE OF CATHOLIC SCHOOLS

P. O. Box 1338 Gallup, New Mexico 87305

Voice: (505) 863-4406 ext. 21, Fax: (505) 863-2269, Email: catholicschools@dioceseofgallup.org

VOLUNTEER APPLICATION

The **Catholic Diocese of Gallup** appreciates your willingness to share your faith, time and talents. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us secure a safe environment for the people of our community. For your privacy, this form will be stored in a secured locked facility.

PERSONAL INFORMATION

Last Name, Suffix (i.e., Jr/Sr.)		First Name		Middle Initial	Date of Birth
Street Address		City	State	Zip	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Length at current address _____ Years _____ Months		If you have resided at this location less than 3 years list previous address(es) below.			
Most Recent Previous Address		City	State	Zip	
Additional Previous Address		City	State	Zip	
Home Phone Number	Cell Phone Number	Email Address			

PRIMARY VOLUNTEER INFORMATION

Primary Volunteer Location Parish <input type="checkbox"/> School <input type="checkbox"/> Both <input type="checkbox"/>	
Primary Parish Name Are you a registered Parishioner Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary School Name List the name of child(ren) attending Catholic School _____ _____
Type of Volunteer <input type="checkbox"/> Teacher <input type="checkbox"/> Support Staff <input type="checkbox"/> Classroom Aide <input type="checkbox"/> Other (please list): <input type="checkbox"/> Student Activities Coordinator	List the name of all titles/ministries in which you desire to participate (i.e., Catechist, Coach, Choir, Eucharistic Minister, Youth Ministry, etc.) _____ _____
What interests you about serving in the above listed ministry(ies)? _____	
What has prepared you to serve in the above listed ministry(ies)? _____	

ADDITIONAL VOLUNTEER LOCATIONS WITHIN THE DIOCESE OF GALLUP

1) Parish/School Name & City: _____ <input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes	2) Parish/School Name & City: _____ <input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes
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For the safety of all we serve, we sincerely appreciate your cooperation in completing this entire application.

<input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above	<input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above
3) Parish/School Name & City:	4) Parish/School Name & City:
<input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above	<input type="checkbox"/> Work in food pantry, meal service, provide ministerial service in private homes <input type="checkbox"/> Serves minors <input type="checkbox"/> None of the above

VOLUNTEER HISTORY Check here if you do not have volunteer history

Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name		Title		
Phone Number		E-mail Address		

Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name		Title		
Phone Number		E-mail Address		

EMPLOYMENT Check here if you are not currently employed

Current Employer:	Position	Years Employed
Street Address	City	State Zip

REFERENCES
 (A minimum of three required. If residing in Diocese of Gallup less than three years two of the references must be from previous location)

Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Personal)	Address (Street/City/State/Zip)	Daytime Phone Number

Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Personal)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Name (Personal)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference <input type="checkbox"/> Yes <input type="checkbox"/> No

BACKGROUND CHECK INFORMATION

Have you changed your last name in the past 5 years? Yes No

If yes, was name change due to a marriage/divorce? Yes No

What was your previous last name? _____

Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

Yes No If Yes, Explain _____

Have you ever been arrested, indicted, awaiting trial or ever admitted to committing a misdemeanor or felony?

Yes No

If yes, please list the offense, date, jurisdiction and outcome. _____

Do you have any outstanding warrants, either in New Mexico, Arizona or in any other state? Yes No

If yes, list reason for warrant. _____

Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child? Yes No

If yes, what is your relationship. _____

SAFE ENVIRONMENT TRAINING CLASS INFORMATION

Class Name _____ Date _____

Location of Class _____

DECLARATION – Please read each statement and *initial* on the lines below (*Do not make check marks*).

(initials only)

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

(initials only)

_____ I understand that a background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

(initials only)

_____ I agree to observe all Diocese of Gallup guidelines and policies for the program in which I am applying.

***** PLEASE SIGN BELOW AFTER YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

Applicant Signature: _____ **Date:** _____

Office Use Only

Interview Complete Yes No

Reference Checks Complete (Minimum of Three) Yes No

Safe Environment Training Complete Yes No

Approved to Volunteer Yes No Yes With Listed Restriction(s) _____

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