

CONFIDENTIAL

DIOCESE OF RENO: ADULT VOLUNTEER APPLICATION

PLEASE RETURN THIS FORM TO THE PARISH OR SCHOOL, NOT THE DIOCESE

YOUR REFERENCES WILL BE CHECKED

Legal Name: \_\_\_\_\_

First

Middle

Last

Mailing Address: \_\_\_\_\_

Physical Address: (If different) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

Complete name of volunteer site: (School/Parish) \_\_\_\_\_

City where site is located: \_\_\_\_\_

Type of volunteer work to be performed \_\_\_\_\_

Name of supervisor at site: \_\_\_\_\_

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

Employer/business name: \_\_\_\_\_

Previous experience working with youth organizations, schools, parishes (give years) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: Please list three references with name, address, and telephone number of individuals who are familiar with your character as it relates to working with youth. Please complete thoroughly, as references will be checked.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

All volunteers who have any contact with minors and vulnerable adults in the performance of their duties need to attend a "Protecting God's Children" Awareness Session, and complete a follow-up process of reading on brief bulletin each month for a total of twenty-four and a re-certification review. A volunteer who has any contact with minors reason will need to complete a background check, and may also be required to submit fingerprints.

I understand that:

The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless from liability in appropriately utilizing this application information, parish, school, the Roman Catholic Bishop of Reno and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

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

Reviewer's notes: Authority at volunteer location is to review and sign questionnaire.

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Signature of reviewer \_\_\_\_\_ Date \_\_\_\_\_