



## APPLICATION FOR MINISTRY AND VOLUNTEER SERVICE

Thank you for filling out this application, which helps the Diocese of Corpus Christi and other organizations affiliated with the Roman Catholic Church fulfill their commitment to the safety and well-being of children and vulnerable adults. The information you provide in this application will be treated with confidentiality. All those seeking ministry or volunteer positions are asked to complete a background check which may include a credit report or a motor vehicle report, before beginning service.

***\*All sections of this form must be completed in order to be processed.***

Last Name	First Name	Middle Name	Date:
			Social Security No.
Street Address			Date of Birth
City, State, Zip			Gender M _____ F _____
Mailing Address (if different):			Daytime Phone
City, State, Zip			Evening Phone
Email Address			Driver License
Indicate the parish or school in which you would like to volunteer:			Number: _____
Volunteer position you would like to hold:			State: _____
Have you resided in any state other than TX during the past 5 years? If yes, please list all states:			

**Volunteer Experience:**

Please list your volunteer experience with other churches, civil or non-profit organizations below.

If you have no volunteer experience to date, please check here: \_\_\_\_\_

Organization	Volunteer Duties	Dates of Service	Names and phone numbers of contact person

**(Turn Over)**

**To be completed by all:**

1. Have you ever committed, been accused of, or been convicted of child abuse, neglect or crimes against the elderly or disabled?

Circle YES NO

2. Have you ever been subject to any court order involving an allegation of sexual, physical or verbal abuse of a minor?

Circle YES NO

3. If **Yes**, please provide offense, date of offense or conviction and location of court: \_\_\_\_\_

\_\_\_\_\_

4. As of the date of this consent form, do you have any pending charges against you?

Circle YES NO

5. If **Yes**, please provide offense, date of offense or conviction and location of court: \_\_\_\_\_

\_\_\_\_\_

6. Has your driver's license ever been revoked or suspended?

Circle YES NO

7. If **Yes**, please provide offense, date of offense or conviction and location of court: \_\_\_\_\_

\_\_\_\_\_

8. Other than the previous information provided, is there any other fact or circumstance, involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

If **yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If you answered **Yes** to either of these questions, please explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By signing this form, I certify that the information contained herein is true to the best of my knowledge. I authorize the Diocese of Corpus Christi to validate the information provided on this form, including any criminal conviction record. I understand that it is my personal obligation in maintaining a safe environment for all, to notify my pastor, principal or supervisor if I am arrested or convicted of a crime after signing this form. 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 ministry involvement.**

**\* A criminal background check will be run every three years, effective January 2012.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

11/5/2013