



ARCHDIOCESE OF WASHINGTON

Volunteer Application Form

This form is to be completed, signed and returned to the Child Protection Coordinator at the parish, school or agency at which you are to provide volunteer services. A copy of this completed form will be retained in a file on site. The original will be sent to the Archdiocesan Office of Employee & Volunteer Services.

Last Name	First	Middle	Last 4 Digits of SSN	Date
Present Street Address			City	State Zip
Permanent Address (If different from present address)			Daytime Phone	Evening Phone
			Cell Phone No.	E-mail Address
Have you ever volunteered for an Archdiocesan location? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you 18 years of age or older?	
If yes, give details: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

I am interested in **VOLUNTEERING** at school: _____; parish: _____; agency: _____

Interested in volunteering for school activities religious education youth ministry coaching other _____

I am available mornings afternoons evenings weekdays weekends Date available: _____

VOLUNTEER ACTIVITIES

Please list all present and former volunteer activities beginning with your present or most recent position first. Use additional pages if needed. Include all other names worked under if different than the name you used on this form.

Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			
Parish/Company/Organization Name	Phone	From	To
Address	City, State Zip		
Duties/Responsibilities			