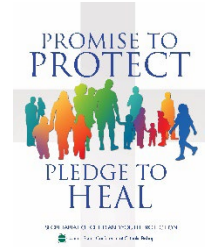




Diocese of Trenton Volunteer Application



Parish/School/Facility: _____
Town/City: _____
First Name: _____ Last Name: _____
Maiden Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____

How long have you been at this address? _____

If less than 3 years, what was your previous address?

Street Address: _____
City: _____ State: _____ Zip: _____

Cell phone: _____ Home Phone: _____ Email address: _____

With what ministry are you volunteering? _____

Name of volunteer service position: _____

Are you a registered member of this parish? YES NO

If no, explain your current affiliation: _____

Current employment and title: _____

What other ministries have you volunteered for in the past? _____

Have you ever been asked to leave a ministry? YES NO

If yes, explain: _____

If you are in a ministry that has direct contact with children or vulnerable adults, you will be required to complete a criminal background check and attend a VIRTUS Protecting God's Children class.

Are you willing to complete a fingerprint criminal background check? YES NO

Have you had a criminal background check with a Diocese of Trenton Catholic school and/or parish? YES NO Date of your background check: _____

Are you willing to attend a VIRTUS Protecting God's Children class? YES NO

Have you previously completed a VIRTUS Protecting God's Children class? YES NO

If yes, enter the date you attended the class: _____

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, explain: _____

Print Name: _____

Signature: _____

Date: _____