ROMAN CATHOLIC DIOCESE OF LAS CRUCES, NEW MEXICO

UNIFORM VOLUNTEER APPLICATION FORM

Your Name:_____ Date of Application: _____

Mailing Address: _____City _____ Zip _____

Telephone Number(s): _____ e-mail: _____

Religious Affiliation: _____

Emergency Contact_____
Relationship to you_____
Their telephone number(s)_____
Their street address _____

Are you single? _____ Yes _____ No. If no, are you married in the Catholic church? _____ Yes _____ No

For which ministries are you interested in volunteering? _____

What is your availability in terms of schedule, (#days/week, hours/day)? _____

How did you learn about this ministry? _____

Please list your current employer with phone number. _____

May we contact you at work? _____

Please list relevant experiences which would be helpful to you in this ministry.

_____

_____

Why did you choose this ministry and what do you hope to contribute?

_____

_____

Please list two references, not family members, with their telephone numbers who will attest to your character and qualifications for this ministry:

1. _____

2. _____

If you would like to serve as a volunteer and will come into contact with vulnerable populations such as children, young people, elderly, homebound and sick, you will be required to complete Safe Environment training and pass a background check. Instructions for completing the training will be emailed to you once your references have been verified.