



# Our Lady of Mt. Carmel Parish

A community of God's people dedicated to the development and spread of Christ-like living

## Religious Education Office

8404 CASS AVENUE • DARIEN, ILLINOIS 60561 • (630) 963-3053 • FAX (630) 852-5227

### VOLUNTEER APPLICATION FORM

*This form is to be completed, signed and returned to the Volunteer Coordinator at the parish, school or agency at which you wish to provide volunteer services. A copy of this completed form will be kept on file.*

_____ Last Name	_____ First	_____ Middle	_____ Last 4 digits of SSN	_____ Date	
_____ Present Street Address	_____ City	_____ State	_____ Zip	_____ Daytime Phone	_____ Evening Phone
_____ Permanent Street Address (if different from present address)			_____ Cell Phone	_____ E-mail Address	

Have you ever volunteered for a Diocesan location?  yes  no    Are you 18 years of age or older?  yes  no  
*If yes, give details:* \_\_\_\_\_

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 current and previous volunteer activities beginning with your current or most recent position first. Use additional pages if needed. Include any other names worked under if different from 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			

*Volunteer Application Form cont.*

***References***

*Please provide two personal/professional references. If you have resided in this area for less than two years, please provide at least one reference from your previous area of residence.*

_____ Name	_____ Name
_____ City	_____ City
_____ State	_____ State
_____ Phone	_____ Phone
_____ Relationship	_____ Relationship
_____ Years Known	_____ Years Known

***IMPORTANT – Please read and sign below***

The information provided on this form is true and complete. If accepted as a volunteer, any misstatement or omission of fact on this form may result in suspension of my services. I grant permission to check my background and references and release the diocese and all diocesan locations from any and all liability that may result.

I further understand that all persons who will have contact with children or vulnerable adults are required to comply with Diocesan Safe Environment policies and procedures and are required to undergo a state and federal criminal background check.

*Print Name:* \_\_\_\_\_  
*Signature:* \_\_\_\_\_  
*Date:* \_\_\_\_\_