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 Phon	e	
Permanent Street Address (if different from present address)				Cell Phone	E-mail Addres	l Address	
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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	State	Phone		City	State	Phone	
Relationship			Years Known	Relationship			Years
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