## St. Mary of the Innaculate Conception Parish 527 Beall Arexus, P. D. Bav 109, Wooster, OH 44691 stmaryres Cholman, com 330-264-5838

## Volunteer Application Please <u>print neatly</u> and <u>complete the entire form</u>. Thank you!

Name:					
Last	First	Mid	ddle		
Address: Number	Street	City		State	7in
Home Phone:		•			Zip
E-Mail:				_	
Emergency Contact Person: _				_	
	<b>†</b>	= =			
		No If yes, for how long?			
		es No			
		itact your present employer?Ye		О	
	-	No If yes, in what way(s) have	e you 		
Do you possess a valid Ohio o	lriver's license?Yes	No License No		_	
-		leas of no contest or guilty to a crime,			r traffic
•					
	the state of the s	<b>ት</b>			
Volunteer position:Day	SchoolPSRParish	Youth Ministry			
In what capacity:Aide	Boy ScoutsCafete	eria HelperCoachDriver			
Girl ScoutsLibrary	AideParentRo	om Parent Teacher VBS			
·					
Do you have a current catechi	st certification through the D	Piocese of Cleveland?Yes	No		
•	_	BasicAdvanced		er Catech	nist
		(Date) (Date)	(Date)		
Have you ever taken catechis	formation/certification thro	ugh the Diocese of Cleveland or any	other of it	s approve	ed instituti
or affiliates?Yes (please	list below)No				
<del>-</del>					
	<b>.</b>				
Education: Please list school(	•				
Elementary School(s):				_	
TT: 1 0 1 1/ \					
High School(s):				_	
College/University:					
Conege, Oniversity.				_	
Employment: Please list your	two most recent employers.				
т.					
Employer	Phone	Date Employed (	From/To)		
Address		S	upervisor		
Reason for Leaving					

2							
Employer	Phone			Date Empl	oyed(From/7	Го)	
Address					Supervis	or	
Reason for Leaving						<u> </u>	
		ተ ተ	=				
Prior Addresses: Please list y						he last address before	your
present one. If you have lived	•	for the past	10 years, p	lease put "N/A	·".		
1. From to							
a Evans	Number Street			City	State	Zip	
2. From to	Number Street			City	State	Zip	
3. From to	Number Street			City	State	Zip	
D 1 D (		के के इ.स.च	<b>₽</b>	11			
<u>Personal and Professional Ref</u> Name and Occupation	erences: Three are requir	ea. Full ad Addres		required!		Phone	
rvaine and Occupation		Addres	55			1 Hoffe	
2							
2							
<b>3</b> ·		<u></u> ተ	 ቴ			<del>_</del>	
Applicant's Statement:			u				
	ormation provided in this vo	lunteer appli	cation is tru	ie and complete.	I understar	nd that any false inform	ation
or omission may disqualify me fi							
	arish may want to verify the	-				_	or St.
Mary Parish or its authorized rep					_ *		
request and review any of my me	edical records, employment r	ecords, court	records, an	d police records	from any lo	cal, state, or federal age	ncy
keeping such records.	.1 . 1	D 1.	1 1	1 11 1	1		
I consent to and permit limited to, a criminal background	authorized agents of St. Ma	,		U		0	
and mode of living obtained fron						on, personal characteris	tics,
	ation of any or all statement					ther listed or not, any r	erson,
school, current employer, past en							,
volunteer/hiring decision. I rele							cese of
Cleveland, St. Mary Parish, and	their agents from any and all	l liabilities, r	esponsibiliti	ies, damages, and	l claims of a	ıny kind whatsoever ari	sing
from any investigation of my bac	Č .	. /		•	c		
	pplication or subsequent vol					volunteering/employm	ient
nor guarantee volunteering/empl	actively promote the mission		-			ch Lunderstand that I	am
required to abide by all the rules			principles	or the Roman Ca	itilone Chui	tili. I understand that i	aiii
- · · · · · · · · · · · · · · · · · · ·	l, and by my signature conse		atements.				
	· · · · <del>-</del>						
Signature of Applicant				Date			