



# 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, the date you attended the class: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_