



# Diocese of Albany

40 North Main Avenue

Albany, NY 12203

Tel. (518) 453-6600

Website: [www.rcda.org](http://www.rcda.org)

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## VOLUNTEER APPLICATION

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PLEASE COMPLETE THE APPLICATION *IN FULL* AND PRINT ALL REQUIRED INFORMATION *LEGIBLY*

-- THANK YOU! INFORMATION ON THIS FORM WILL BE TREATED AS STRICTLY CONFIDENTIAL.

Date \_\_\_\_\_ Type of Service \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Address (Street Number) City State Zip

( )

\_\_\_\_\_  
Telephone Numbers Day Evening E-mail Address

In an emergency

Notify \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Are You 18 Years or Older? Yes \_\_\_\_\_ No \_\_\_\_\_

What volunteer position are you applying for? \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

\_\_\_\_\_  
Has there ever been a finding against you involving child abuse or maltreatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

\_\_\_\_\_  
*Please note: A conviction is not an absolute bar to volunteer service but will be considered before accepting offers of service.*

Why do you want to volunteer in this ministry? \_\_\_\_\_

What skills or previous experience do you have that might contribute to your work in this ministry? \_\_\_\_\_

\_\_\_\_\_  
Do you speak any language other than English? \_\_\_\_\_ What language? \_\_\_\_\_

Availability? \_\_\_\_\_

Additional Comments \_\_\_\_\_

### References

Name _____				
Address _____				
(street)	(city)	(zip)	(e-mail)	
Phones: (Daytime) _____ (Evening) _____				
How do you know this person? _____				
How long have you known this person? _____				
Name _____				
Address _____				
(street)	(city)	(zip)	(e-mail)	
Phones: (Daytime) _____ (Evening) _____				
How do you know this person? _____				
How long have you known this person? _____				

### AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS VOLUNTEER APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS TO DENY ANY OFFER OF SERVICE AND/OR END ANY CURRENT SERVICE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE PERTINENT INFORMATION. I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO SUBMIT TO A BACKGROUND SCREENING AND TO ATTEND THE "SAFE ENVIRONMENT" PROGRAM REQUIRED BY THE DIOCESE OF ALBANY AND/OR OTHER TRAINING PROGRAMS AS REQUIRED.

\_\_\_\_\_  
 (Signature) (Date)

#### For Parish Office Use:

References checked by _____	Date: ____/____/____
Background check completed at beginning of ministry	Date: ____/____/____
VIRTUS Training completed before beginning of ministry	Date: ____/____/____
Diocesan Code of Conduct signed & Filed	Date: ____/____/____
Diocesan Tech Policy signed & filed	Date: ____/____/____
Diocesan Social Media Policy Signed & Filed	Date: ____/____/____