

St. Edward the Confessor

2 TEIBROOK AVENUE, SYOSSET, NEW YORK 11791

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VOLUNTEER SERVICE REQUEST FORM

Please complete all the information, sign and date it. PLEASE PRINT.

Name: _____
First, Middle, Last

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ @ _____

Social Security Number: _____ Date of Birth: _____

Provide other names you have used (for checking prior records): _____

Ministry/Ministries Requested: _____

How long have you been a member of our parish or school community? _____

Circle the days you can volunteer: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times you are available for each day: _____

Have you previously volunteered for any church ministry? If YES, please list the date(s), parish or school name and location and the ministry you performed.

List any training you received for a church ministry: _____

Have you ever been discharged from volunteering for any reason? Yes No If Yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If Yes, please explain:

Are you aware of any situation that would affect your ability to serve as a volunteer? Yes No If Yes, please explain:

What is your level of education? List degrees, if any: _____

List foreign languages you know and indicate level of proficiency/fluency:

Speak: _____ Read: _____ Write: _____

What computer software do you know? _____

Drivers License Type(s): Regular Chauffer Commercial

Date: _____ Signature of Volunteer: _____

APPROVAL -- FOR ADMINISTRATOR USE ONLY

Request to serve as a volunteer: Approved Denied

Approved Ministry _____ VL # _____ (Dept. ID)

Start Date: _____ Supervisor: _____

Conditions: _____

Request Approved By:

Signature Print Name Title Date

PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge. I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, which consists of the Code of Pastoral Conduct and the Volunteer's Code of Conduct, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules, and precepts of the entity I serve.

Date: _____ Signature of Volunteer: _____

FOR ADMINISTRATOR USE ONLY

- Screening Form Completed Child Protection Policy Provided
Volunteer Entered into Payforce Database Screening Registered

VIRTUS Training Scheduled: _____ VIRTUS Training Occurred: _____

Notes: _____

