

## Holy Family Catholic Church & School 200 78 Ave NE Saint Petersburg, FL 33702 727-526-5783

Office Use Interviewer	-
Date	
Volunteer Position:	
Please see reverse for check list.	•

## **VOLUNTEER APPLICATION**

Last Name	First Name Middle	Enitial How do you w	ant your first name to appear on a name tag?
Address	(Apt #)	City	Zip
Phone#	E-Mail	Birthda	y; Month/day/year Sex: M/F
Are you a year round ro	esident? What days	s and times are you availal	ble?
Special degrees, training	g or experience?		
Work Status:	employed	Retired	Unemployed
	IN AN EMERGEN	ICY PLEASE NOTIFY	
Name	Re	elationship	
Address	H	ome Phone:	
	BACKGRO	OUND CHECK	
States Roman Catholic Chur If a check is required you mi	ust give authorization by signing the now" will see you background report	are appling to will tell you if signature line below This info	you need a background check or not. rmation is treated as confidential and
Drivers License #		State How long har	ve you lived in Florida?
Has your license ever been s	uspended or revoked?	Have you ever been arrested?	
If Yes, please explain briefly	ect of a allegation of sexual abuse?		· · ·
	ed for reason of sexual abuse, physic	al abuse or verbal abuse?	
			or if you wish, the pastor prior to our
request for a background che		•	, , ,
AUTHORIZATION FOR I			
			ion. Further, I will allow a photocopy of
	as the original for the purpose of the per	essant investigation	
this authorization to be as valid	as the original for the purpose of the nec he policies, procedures and code of cond		ded in the future by the entity for which I