EPIPHANY

EPIPHANY CATHOLIC SCHOOL

VOLUNTEER APPLICATION

Complete before volunteer service begins.

Volunteers who will interact with minors and are over 18 years old must also complete a background check.

*****This form is NOT to be used as an employment application*****

I am applying to be a volunteer at _____
(Name of Parish, School, or Archdiocesan Office) (City)

Legal Name: _____
First Middle Last

Previous name, if any: _____
First Middle Last

Preferred Phone Number: _____

Email Address: _____

Current Home Address: _____
Street Address

_____
City County State ZIP Code

Date of Birth: _____
MM/DD/YYYY

VOLUNTEER SERVICE RECORD

List prior volunteer experience (if any) within the previous 5 years. Attach additional sheets if needed.

1. Organization: _____
Name City State

Phone Number: _____ From (Mo. /Yr.)_____ to (Mo. /Yr.)_____

Volunteer Role: _____

2. Organization: _____
Name City State

Phone Number: _____ From (Mo. /Yr.)_____ to (Mo. /Yr.)_____

Volunteer Role: _____

_____ _____
Signature of Applicant **Date**

FOR OFFICE USE ONLY:

Completed Application received by _____ on _____ at _____
Initial *mm/dd/yyyy* *Parish, School, or Archdiocesan Office* *City*

Background Check was completed _____ online *or* _____ on a paper form.