

## OUR LADY OF THE LAKES CATHOLIC CHURCH VOLUNTEER APPLICATION YEAR: \_\_\_\_\_

NAME	DOB	ETHNIC: _	
ADDRESS	CITY:	STATE:	ZIP:
EMAIL:	PHONE (H):	©_	
MARITAL HISTORY:SINGLE	MARRIEDDIVORCEDWIE	oow	
SACRAMENTAL HISTORY: BAF	TISM _ FIRST COMMUNION _	CONFIRMATION _	_MARRIAGE
EMPLOYMENT HISTORY: EMP	LOYEDSELF-EMPLOYEDF	RETIRED	
COMPANY NAME:		_ LENGTH OF SERVICE:	
COMPANY NAME:		LENGTH OF SERVICE:	
COMPANY NAME:			
IN CASE OF EMERGENCY, PLEASE LIS			
NAME: MEDICAL CONDITIONS:		FHONE	
REFERENCES: ** PLEASE NON-FA	MILY REFERENCES ONLY**		
Name:	Address:	Phone:	
Name:	Address:	Phone:	
I, hereby, release and agree to he provides information. I also agre Miami and employees and volunt	e to hold harmless the local pa		
O I understand that a s part of the background check performed.	e application process, I will be	e FINGERPRINTEI	D and a

O I understand that I must attend a VIRTUS workshop and any other training required in my volunteer position.

O I understand that I'm entitled to cease volunteering or I may be released from my volunteer commitment at any time.

By signing this application, I affirm that the information I have given is true and complete.

SIGNATURE	DATE	
Office Use Only		
Please check below:	Interview by: SS4#'s:	
[] Wednesdays Afternoon	[] Catechist Leader	
[] Wednesday Evenings	[] Catechist's Assistant	
[] Saturday Mornings	[] Catechist Especial Educ.	
[] Sunday Mornings	[] Catechist's Assistant for Especial Educ.	
[] Other:	[] RCIA Catechist	

**OUR POLICY:** It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. **Thank you for your interest in becoming part of Our Lady of the Lakes Volunteering family!** Revised 5-12-16