



# Catholic Diocese of Lincoln Volunteer Application Form

The Catholic Diocese of Lincoln appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. For your privacy, this form will be stored in a locked environment.

Please complete and return this form to the Pastor or volunteer coordinator at the parish, school or agency at which you wish to provide volunteer services.

APPLICATION					
Last Name	First Name	Middle Initial	Date of birth		
Street address	City	State	Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Telephone Number	Cell Phone Number	E-mail address			
I am applying to be a volunteer at a: <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Other _____					
<input type="checkbox"/> I am a current volunteer since (date) _____ at (Parish/School/Agency) _____					
<input type="checkbox"/> I am a new volunteer and WILL BE working children/youth					
<input type="checkbox"/> I am a new volunteer and WILL NOT BE working with children/youth					
I am available: <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends (please check all that apply)					
Are you a registered member of a Parish in the Diocese of Lincoln? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate which parish:	
EMPLOYMENT HISTORY					
Current Employer			<input type="checkbox"/> Check here if you are not currently employed		
Position			Years employed		
VOLUNTEER HISTORY					
Volunteer History			<input type="checkbox"/> Check here if you do not have volunteer history		
Volunteer Position	Organization	State Date	End Date	Duties	
Contact Person/Title		E-Mail address		Phone Number	
Volunteer Position	Organization	State Date	End Date	Duties	
Contact Person/Title		E-Mail address		Phone Number	
REFERENCES					
Name	Address	Daytime Phone	Years acquainted		
Name	Address	Daytime Phone	Years acquainted		
Name	Address	Daytime Phone	Years acquainted		