



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910
 Tel: (671)472-6116
 Fax: (671)477-3519

VOLUNTEER APPLICATION

The **Archdiocese of Agana (AOA)** appreciates your willingness to share your faith, time and talents. Providing safe and secure programs for our members is of the utmost importance to us. The information gathered in this application is designed to help us secure a safe environment for the people of our community. For your privacy, this form will be stored in a secured locked facility.

PERSONAL INFORMATION				
Legal First Name	Legal Last Name, Suffix (e.g. Jr/Sr)	Middle Initial	Date of Birth	
Street Address	City	State	Zip	<input type="radio"/> Male <input type="radio"/> Female
Length at current address _____ Years _____ If you have resided at this location less than 3 years list previous address(es) below.				
Most Recent Previous Address		City	State	Zip
Additional Previous Address		City	State	Zip
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	

PRIMARY VOLUNTEER INFORMATION	
Primary Volunteer Location <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> Both <input type="checkbox"/> Chancery <input type="checkbox"/> Other Entities of AOA (Please specify) _____	
Primary Parish Name Are you a registered Parishioner <input type="radio"/> Yes <input type="radio"/> No	Primary School Name List the name of child(ren) attending Catholic School _____ _____
Type of Volunteer <input type="checkbox"/> Work in in various ministries <input type="checkbox"/> Serves minors <input type="checkbox"/> None	List the name of all titles/ministries in which you desire to participate (e.g., Catechist, Coah, Choir, Eucharistic Minister, Knights of Columbus, Ladies Auxiliary, Lectors, Money, Counter, Pastoral Care, Accounting, Admin, HR, Youth Ministry, etc.) _____ _____
What interests you about serving in the above listed ministry(ies)?	
What has prepared you to serve in the above listed ministry(ies)?	

ADDITIONAL VOLUNTEER LOCATIONS WITHIN THE ARCHDIOCESE OF AGANA	
1) Parish/School & Other AOA Entity Type of Volunteer	2) Parish/School & Other AOA Entity Type of Volunteer

For the safety of all we serve, we sincerely appreciate your cooperation in completing this entire application.

VOLUNTEER HISTORY <input type="checkbox"/> Check here if you do not have volunteer history				
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			
Volunteer Organization	Position	Start Date	End Date	
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			

EMPLOYMENT <input type="checkbox"/> Check here if you are not currently employed			
Current Employer:	Position:	Years Employed	
Street Address:	City:	State	Zip
Current Employer:	Position:	Years Employed	
Street Address:	City:	State	Zip
REFERENCES			
Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number	
Email Address	How long you know this reference?	Agreed to be reference <input type="radio"/> YES <input type="radio"/> NO	
Reference Name (Professional)	Address (Street/City/State/Zip)	Daytime Phone Number	
Email Address	How long you know this reference?	Agreed to be reference <input type="radio"/> YES <input type="radio"/> NO	
Reference Name (Personal/Non-Family Member)	Address (Street/City/State/Zip)	Daytime Phone Number	
Email Address	How long you know this reference?	Agreed to be reference <input type="radio"/> YES <input type="radio"/> NO	
Reference Name (Personal/Non-Family Member)	Address (Street/City/State/Zip)	Daytime Phone Number	
Email Address	How long you know this reference?	Agreed to be reference <input type="radio"/> YES <input type="radio"/> NO	
BACKGROUND CHECK INFORMATION			
Have you changed your last name in the past 10 years? <input type="radio"/> YES <input type="radio"/> NO			
If yes, was name change due to a marriage/divorce? <input type="radio"/> YES <input type="radio"/> NO			
If yes, what was your previous last name? _____			
Have you ever been arrested for, charge with, convicted of or admitted to physically, sexually, or emotionally abusing or assaulting a child or an adult? <input type="radio"/> YES <input type="radio"/> NO If yes, explain _____			
Have you ever been arrested for, charged with, convicted of or admitted to a misdemeanor or felony? <input type="radio"/> YES <input type="radio"/> NO			
If yes, please list the offense, date, jurisdiction and outcome. _____			
Do you have any outstanding warrants, either in Guam or in any states? <input type="radio"/> YES <input type="radio"/> NO			
If yes, please list the offense, date, jurisdiction and outcome. _____			
Is anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offence against a child? <input type="radio"/> YES <input type="radio"/> NO If yes, explain. _____			
SAFE ENVIRONMENT TRAINING CLASS INFORMATION			
Class Name _____		Date: _____	
Location of Class _____			
DECLARATION - Please read each statement and <u>sign below</u>			
<p>* I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.</p> <p>* I understand that a background check may be conducted prior to or during my service. I authorize investigations of all statements contained in the application.</p> <p>* I agree to observe all Catholic Archdiocese of Agana guidelines and policies for the program in which I am applying.</p> <p style="text-align: center;">***** Please sign below indicating you have read and agree to the above statements. *****</p>			
Applicants Signature: _____		Date: _____	
Parent's Name/Signature: _____		Date: _____	
(If applicant is a minor)		*Complete Parental Consent Form to complete VIRTUS Online Training, "Protecting God's Children".	
Parent's Contact Number: Home: _____ Mobile: _____ Work: _____			
Parish / School / Entity Review			
I verify applicant completed the initial training and their application is complete.			
Name: (Please Print): _____			
Signature: _____		Date: _____	
Office Use Only			
Interview Complete		<input type="radio"/> YES <input type="radio"/> NO	
Reference Check Complete (minimum of Two)		<input type="radio"/> YES <input type="radio"/> NO	
Approved to Volunteer		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> YES with Listed Restriction(s) _____	
Last revised 121818			