



**Holy Trinity Parish
Catechetical & Youth Ministry
Volunteer Application**

Personal Information	
Your Full Name _____	
Street Address _____	
City _____	Home Telephone _____
Cell Telephone _____	Work Telephone _____
Email Address _____	Are You Registered at Holy Trinity Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Parish: _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Children <input type="checkbox"/> Widow / Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	Place of Marriage _____
	Date of Marriage _____
	Name of Spouse _____
Area of Interest	
<input type="checkbox"/> PSR Catechist <input type="checkbox"/> PSR Office Staff / Records <input type="checkbox"/> PSR Safety & Security <input type="checkbox"/> PSR Substitute <input type="checkbox"/> Sunday Preschool Catechist <input type="checkbox"/> Jr. High Team <input type="checkbox"/> Sr. High Team <input type="checkbox"/> Youth Ministry Assistant <input type="checkbox"/> Other: _____	
Education, Employment & Memberships	
What is the highest level of education you have achieved? <input type="checkbox"/> Grade School <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College / University <input type="checkbox"/> Graduate School Please list any Degrees: _____	
Are you employed <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Employer: _____ Job Description / Position: _____ How long have you been with this employer? _____	
Are you a member of any clubs, associations, or organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____ _____	

Qualifications & Background	
1. Are you a fully initiated Catholic (received Baptism, Confirmation, Holy Communion)?..	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you go to Mass on Sundays and Holy Days of Obligation?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there areas of Church teaching with which you disagree?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If married, are you validly married according to the Catholic Church?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If you have children, have you had them baptized and are you ensuring they receive religious education and reception of Sacraments of Initiation?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have any teaching experience?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you taken classes in catechetics or youth ministry?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you lived in Ohio for the past five years?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been arrested or convicted of a crime?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you able to commit to serve for one year?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If married, does your spouse support your decision to server your parish?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you volunteered at any other parish?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you certified in First Aid, CPR or the AED?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you attended the VIRTUS workshop?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you willing to complete the steps toward compliance with diocesan policies for the protection of children and youth?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please provide copies of the reference form to three persons who would be willing to complete them on your behalf. Once completed and returned to you, attach your references to this volunteer application.

This form can may be dropped off at the Parish Office during office hours, mailed to the parish address, or placed in a plain envelope marked “Parish Office” and dropped into the collection basket at Mass. Please be sure to enclose your References. The DRE or Youth Minister will then contact you for an initial appointment.



**Holy Trinity Parish
Catechetical & Youth Ministry
Volunteer Applicant Reference Form**

Applicant's Name: _____

The above person is applying to become a volunteer in one of our parish catechetical and/or youth ministry programs. As a volunteer, the applicant would have contact, custody or control of children and youth. As part of our pre-service screening, we request three references from each applicant. Your assistance as a reference will help us determine whether the applicant is able and suited to work with children.

1. What is your relationship to the applicant? _____

2. How long have you known this person? _____

3. What qualities does the applicant possess that would make him or her a good volunteer in a program for children?

4. Is this applicant able to relate well with children?

5. Would you have the applicant volunteer in a program in which your children were participating?

Yes No If no, why?

After completion, please place this form in a plain, sealed envelope and return it to the applicant. If you prefer, this form can be mailed directly to Holy Trinity Church, ATT: Roger Camp, 33601 Detroit Road, Avon, Ohio 44011. If you have any questions or concerns, please call Roger Camp, Director of Religious Education, at (440) 937-5363. Thank you for your time and assistance.

Reference Name: _____ Date: _____

Daytime Telephone Number: _____