**eAppsDB User ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Password\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Catholic Diocese of Green Bay PO Box 23825 Green Bay, WI 54305-3825 (920) 437-7531**

# Volunteer Application

(Applicants with disabilities may request any needed accommodations to complete the application process)

**An \* by a field indicates that entry is required in the field. Required fields must be completed.**

**Position Desired\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish/School/Agency\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main Application (Please Print Clearly)**

Enter your full legal name, as it would appear on your driver’s license.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First\* Middle Last\* (alphabetizing) Second Last Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\* State\* Zip\*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code\* Number\*

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Number

Work Phone (if you may be contacted at work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code Number

Personal Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Email Address (if you may be contacted at work):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Diocese of Green Bay Questionnaire** *(Completion of this section is optional.)*      If married, spouse’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If a parent, please indicate child(ren)’s ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If driving will be a part of your ministry – valid driver’s license?\_\_\_\_\_\_\_  Name of Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time available for Volunteering – *Please indicate (M) Morning, (N) Afternoon, (E) Evening, (A) Any*  Sunday\_\_\_\_\_\_\_ Monday\_\_\_\_\_\_\_ Tuesday\_\_\_\_\_\_\_ Wednesday\_\_\_\_\_\_\_ Thursday\_\_\_\_\_\_\_ Friday\_\_\_\_\_\_\_ Saturday\_\_\_\_\_\_\_  **Interests, Hobbies, Skills:**  Please list any interests, hobbies or skills you feel you would like to contribute as a volunteer. |

**Diocese of Green Bay Questionnaire (Continued)**

Please share a few thoughts about your interest in volunteering.

**Preferences:**

Is there a particular group of people/ministry with whom you are especially interested in serving?

Is there a particular group of people/ministry with whom you would not be comfortable?

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| **Residential History**    \_\_\_\_\_ Check here if you have lived in your current residence for longer than **7** years.    If you have lived in your current residence for 7 or more years, please do not complete residential history. You only need to check the box at top of this section.     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Beginning Dates\* (mm/yyyy)** | **Ending Dates\*** | **Street Address\*** | **City\*** | **State\*/Zip\*** | **Country** | | Date\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Date\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Date\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Date\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Date\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | |

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| **Current Employment** *(Completion of this section is optional.)*    \_\_\_\_\_ Check here if you are not currently employed     |  |  |  |  | | --- | --- | --- | --- | | **Number of years** | **Company name and address**  **(City, State, Zip)** | **Immediate Supervisor name & phone number** | **Position Held/Job Title** | |  |  |  |  | |

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| **Educational History** *(Completion of this section is optional.)*    Check highest level completed    \_\_\_\_\_\_\_\_\_\_\_ None \_\_\_\_\_\_\_\_\_\_ High School \_\_\_\_\_\_\_\_\_\_ College | \_\_\_\_\_\_\_\_\_\_ Graduate School |

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| **Volunteer History** *(Completion of this section is optional.)*    \_\_\_\_\_ Check here if you have no volunteer history.    Volunteer history should include 3 of your most recent activities.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Dates (mm/yyyy) (Start with most recent)** | **Organization City, State, Zip** | **Contact** | **Contact Phone Number** | **Position/Duties** | | Beg. Date  \_\_\_\_\_\_\_\_\_\_\_\_  End Date  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Beg. Date  \_\_\_\_\_\_\_\_\_\_\_  End Date  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Beg. Date  \_\_\_\_\_\_\_\_\_\_\_  End Date  \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | |

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| **References**    A Professional/Civic reference is a reference from a Supervisor you have worked for in a professional and/or volunteer activity. A Personal reference is a reference from a friend, co-worker (including volunteer activities) and/or family member. All references must be over 18 years of age.     |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Reference Name\* First/Last** | **Address\***  **(Complete Mailing Address)** | **Daytime Phone\*** | **How long have**  **you known**  **this person?** | **Relationship?** | | Professional/Civic\* |  |  |  |  | | Professional/Civic\* |  |  |  |  | | Personal\* |  |  |  |  | |

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| **Selected Sites** *(Completion of this section is optional.)*    Please indicate the city and the name of any additional parishes/schools /agencies with which you would like this application to be registered.     |  |  | | --- | --- | | **Name of Parish/School/Agency** | **City/Location** | |  |  | |  |  | |  |  | |  |  | |

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| **Declarations** *(Completion of all fields in this section is required.)*    The Catholic Diocese of Green Bay (CDGB) 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 process is designed to help us provide the highest quality Catholic programs. We take seriously our responsibility to keep records confidential. This includes, without  limitation, the results of investigative reports. These reports, prepared under the Fair Credit Reporting Act for the benefit of the Diocese/Catholic parishes/Catholic schools/Catholic agencies, will include criminal background checks for all and may include investigative consumer reports. **This does not give the CDGB the authorization to conduct a credit check.** All information relating to the investigative reports will be stored in a secure and locked area.    Please read and initial each of the statements below.    \_\_\_\_\_\_\_ I understand I can withdraw from the application process at any time.    \_\_\_\_\_\_\_ I understand that information may be obtained from sources I provided on the application and this information will be held confidentially by the CDGB and its local representative(s) and not revealed to me.    \_\_\_\_\_\_\_ I understand I have an ethical duty not to disclose confidential information that I may come upon during the course of being a volunteer.    \_\_\_\_\_\_\_ I agree to observe the CDGB’s and any local guidelines/policies pertaining to the programs for which I am applying.    \_\_\_\_\_\_\_ I understand the CDGB and its local representative(s) take all allegations of abuse seriously. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.    \_\_\_\_\_\_\_ I understand the CDGB and its local representative(s) cooperate fully with church and civil authorities to investigate all cases of alleged abuse.    \_\_\_\_\_\_\_ I will notify my parish, school or agency and the CDGB if arrested or charged as well as if convicted.    \_\_\_\_\_\_\_ I understand that the CDGB is committed to maintaining a safe, healthy and efficient working environment for its  employees/volunteers by creating a drug-free and crime-free workplace. I am aware that the CDGB may routinely complete a past employer check, a reference check, a criminal background check, a valid driver’s license and driving record test. I agree to provide additional information, including fingerprints, if requested.    \_\_\_\_\_\_\_ I hereby certify that the answers given by me to the above questions and statements are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statement or omissions by me in the application, will be sufficient reason for rejection of my application or for dismissal at any time during my volunteer service, without liability to the Diocese. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection. I hereby release the Diocese of Green Bay and any and all persons, business entities and government agencies, whether public or private from any and all liability, claims and/or demands related to the providing of this information.    \_\_\_\_\_\_\_ I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.    \_\_\_\_\_\_\_ My signature indicates that I have read and understand the above stated information within this document and am signing below of my own free will.      **Do not sign until you have read and initialed all of the above statements.**        **Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |

*In accordance with the state and federal rules and to insure your privacy, this information will be transferred to an eAppsDB on-line application. This Declarations page will be maintained in a safe and secure file. All other pages of this application will be shredded and properly disposed once successful transmission has taken place.*