



**Ministry Volunteer  
Application for Youth**

We treasure the safety of our children and youth; therefore, we ask our volunteers to complete the following information:

\_\_\_\_\_  
Last Name, First, MI

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
School                                      Grade                                      Cell Phone #                                      Do you text?

\_\_\_\_\_  
Email address/Gmail address/Myspace address/Facebook address (please list all)

How long have you been a member of the parish? \_\_\_\_\_

In which ministry(ies) do you wish to volunteer? \_\_\_\_\_

\_\_\_\_\_  
What interests you about becoming a volunteer in this/these ministry(ies)? \_\_\_\_\_

Have you been suspended from school or received an official reprimand, been terminated from a position or asked to resign from a position due to your behavior?    YES    NO

If Yes, Please explain \_\_\_\_\_

\_\_\_\_\_  
Signature of Youth Volunteer

\_\_\_\_\_  
Date

**My parent(s)/Guardian(s) support my involvement in ministry at:**

\_\_\_\_\_  
Name of Church or ministry site

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



DIOCESE OF FORT WORTH

## Youth Volunteer Applicant

Note to applicant: Please fill in the requested information below. Reference forms will then be sent to the individuals you have listed below. Be sure to include all the information requested.

Applicant's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Have you previously served as a parish volunteer?      Yes      No

If so, when?(year) \_\_\_\_\_ and in what capacity? \_\_\_\_\_

Parish Name \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Phone No. \_\_\_\_\_ Supervisor/Contact Person \_\_\_\_\_

Please list two (2) references that we can contact who have known you for at least three (3) years.

**Reference1 ADULT (not your parent)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

**Reference 2 PEER (not your brother or sister)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

I waive my rights provided by the Family Educational Rights and Privacy Act of 1994 to inspect any letters of reference.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date