

YOUTH (UNDER AGE 18) VOLUNTEER APPLICATION

The following information will be kept confidential. Please print clearly.

PERSONAL DATA OF APPLICANT

Name _____ Birthday _____
first middle last

Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Your E-Mail _____

Grade Level and School you attend _____

Please specify the parish and city in which you/your family are registered members

Mother's Name _____

Mother's Home Address (if different from yours) _____

Mother's Home Phone (if different from yours) _____ Cell _____

Father's Name _____

Father's Home address (if different from yours) _____

Father's Home Phone (if different from yours) _____ Cell _____

Please indicate the city/name of the parishes/schools/programs with which you would like this application to be registered.

City	Name of Parish/School/Program	For Office Use Only-Date Sent

I give my son/daughter permission to participate in programs/activities/events sponsored by the Catholic Diocese of Green Bay or its local representatives. My son/daughter may complete the necessary paperwork required for participation.

Signature of parent/guardian

Date

REFERENCES FOR (NAME) _____

FIRST

MIDDLE

LAST

Please obtain the signatures of three non-family adults who will attest to your character and ability to work with children and/or peers

1. *Print Name:* _____

Phone: _____

How long have you known this young person? _____

What is your relationship to this young person? _____

I support this young person's decision to participate in church/school sponsored activities serving children and/or peers.

Signature: _____ Date: _____

2. *Print Name:* _____

Phone: _____

How long have you known this young person? _____

What is your relationship to this young person? _____

I support this young person's decision to participate in church/school sponsored activities serving children and/or peers.

Signature: _____ Date: _____

3. *Print Name:* _____

Phone: _____

How long have you known this young person? _____

What is your relationship to this young person? _____

I support this young person's decision to participate in church/school sponsored activities serving children and/or peers.

Signature: _____ Date: _____

Office Use Only

Part One: Application has been reviewed by _____
Supervisor/Coordinator Signature

The following items

___ application form ___ references ___ signed Youth Code of Conduct

have been completed and submitted to the LoSEC _____
Date

Part Two: Applicant completed all requirements and found to be eligible by

LoSEC Signature on Date

Ministry Assignment _____

Supervisor /Coordinator _____