



Saint Basil The Great

VOLUNTEER APPLICATION

Volunteer Activity applied for _____

Name _____ Email _____
Last First Middle

Address _____
Number Street City State Zip

Telephone - Home (_____) _____ Mobile (_____) _____

Emergency Contact _____ (_____) _____
Name Phone Relationship

Have you filed an application here before? ____ Yes ____ No If yes, give date _____

If you have lived in Ohio for less than 5 years, provide your prior addresses outside of Ohio:

From _____ To _____
Number Street City State Zip

If you are a teacher at a school, please list it _____

Were you ever convicted of a crime other than a minor traffic offense? ____ Yes ____ No

If yes, please specify: _____

PERSONAL AND PROFESSIONAL REFERENCES (3 required)

1. _____
Name and Relationship Phone Email
2. _____
Name and Relationship Phone Email
3. _____
Name and Relationship Phone Email

APPLICANT'S STATEMENT (read carefully before signing)

I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that any willful omission, or any falsification or misrepresentation of the information provided on this application or in an interview, is sufficient cause for rejection of my application or termination of my volunteer activity. I understand that this application is not and is not intended to be a contract of employment.

I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, credit bureaus, employers, and any law enforcement agencies to supply the Diocese of Cleveland, St. Basil the Great Parish, and their employees and agents any information concerning my background. I release and forever waive and discharge the Diocese of Cleveland, St. Basil the Great Parish, their employees and agents from any and all liabilities and responsibilities, damages, losses, and claims of any kind whatsoever arising from the investigation of my background. I understand, also, that in my role as volunteer I am required to abide by all rules and regulations of the Diocese of Cleveland and St. Basil the Great Parish.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY THE MINISTRY LEADER/HEAD COACH/SCOUT LEADER

Name _____

Date of Interview _____ Interviewed By _____

Remarks/Notes _____

References Contacted:

1. _____ Date contacted _____

2. _____ Date contacted _____

3. _____ Date contacted _____

FOR OFFICE USE ONLY - TO BE COMPLETED BY THE PARISH VIRTUS COORDINATOR

Standards of Conduct for Ministry (rev. 2016) Acknowledgement Form Date Received Back _____

Policy for the Safety of Children in Matters of Sexual Abuse (rev. 2016) Acknowledgement Form Date Received Back _____

Enrolled in Selection.com Background Check Date enrolled _____

Fingerprinting BCI Letter Date Received Back _____

FBI IHS (if applicable) Date Received Back _____

Virtus training certificate Date trained _____

Virtus online registration to be authorized user Date enrolled _____

FOR OFFICE USE ONLY - FINAL APPROVAL TO VOLUNTEER

Approved _____ Yes _____ No _____

Approved by Virtus Coordinator _____

Name

Date