



# 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 \_\_\_\_\_

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

Name \_\_\_\_\_

Date of Interview \_\_\_\_\_ Interviewed By \_\_\_\_\_

Remarks/Notes \_\_\_\_\_

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References Contacted:

1. \_\_\_\_\_ Date contacted \_\_\_\_\_
2. \_\_\_\_\_ Date contacted \_\_\_\_\_
3. \_\_\_\_\_ Date contacted \_\_\_\_\_

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**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 \_\_\_\_\_

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**FOR OFFICE USE ONLY - FINAL APPROVAL TO VOLUNTEER**

Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by Virtus Coordinator \_\_\_\_\_

Name

Date