

**CONFIDENTIAL**

## Diocese of Reno Adult Volunteer Application Form

**Volunteers:** Please return this completed form to back to your parish or school. Please note, references will be checked and Safe Environment requirements must be completed prior to volunteering.

**For the Parish Virtus Administrator:**

Compliant on Virtus? Yes or No

Date Verified:

Legal Name:

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

Mailing Address:

Physical Address: (If different)

Home Telephone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address:

Complete name of volunteer site: (School/Parish)

City where site is located:

Type of volunteer work to be performed

Name of volunteer supervisor at site:

List other names you use or are known by:

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Employer/business name:

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Previous experience working with youth organizations, schools, parishes (give years)

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**References:** Please list three references with name, address, and telephone number of individuals who are familiar with your character as it relates to working with youth. Please complete thoroughly, as references will be checked.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

**All volunteers who have any contact with minors and or vulnerable adults in the performance of their duties need to attend a "Protecting God's Children" Awareness Session, complete a follow-up process of reading one brief bulletin each month for a total of twenty-four, a re-certification review (after 24 bulletins and every five years thereafter), and complete a background check (renewed every 5-years). A volunteer who has any contact with minors may also be required to submit fingerprints, please ask parish or school for details.**

I understand that:

The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless from liability in appropriately utilizing this application information, parish, school, the Roman Catholic Bishop of Reno and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's notes: Authority at volunteer location is to review and sign questionnaire.

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Signature of reviewer \_\_\_\_\_ Date \_\_\_\_\_