



Diocese of Trenton Volunteer Application



Parish/School/Facility: _____

Town/City: _____

First Name: _____ Last Name: _____

Maiden Name: _____ Date of Birth: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip _____

How long have you been at this address? _____

If less than 3 years, what was your previous address?

Street Address: _____

City: _____ State: _____ Zip _____

Cell phone () _____ - _____ Home Phone () _____ - _____

Email address: _____ @ _____

With what ministry are you volunteering? _____

Name of volunteer service position: _____

Are you a registered member of this parish? Yes _____ No _____

If no, explain your current affiliation: _____

Current Employment and title: _____

What other ministries have you volunteered for in the past? _____

Have you ever been asked to leave a ministry? Yes _____ No _____

If yes, explain: _____

If you are in a ministry that has direct contact with children or vulnerable adults, you will be required to complete a criminal background check and attend a VIRTUS Protecting God's Children class.

Are you willing to complete a fingerprint criminal background check? Yes _____ No _____

Have you had a criminal background check with a Diocese of Trenton Catholic school and/or parish? Yes _____ No _____ Date of your background check: ____ / ____ / ____

Are you willing to attend a VIRTUS Protecting God's Children class? Yes _____ No _____

Have you previously completed a VIRTUS Protecting God's Children class? Yes _____ No _____

If yes, the date you attended the class: ____ / ____ / ____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, explain: _____