



VOLUNTEER SERVICES APPLICATION
DIOCESE OF GRAND RAPIDS

The undersigned is applying to perform volunteer services for Holy Family Parish and furnishes the following information to assist us in selecting and assigning volunteers.

Name _____

Address _____

Home phone _____ Male Female

Emergency contact information:

Name _____

Address _____

Phone _____ Alternate Phone _____

Do you have any disability or other condition that prevents you from performing some activities in connection with volunteer services? If yes, please explain.

Present employer:

Name _____

Address _____

Position/Occupation _____

Have you performed other volunteer services? If so, please identify the organization(s), dates of service and describe the services provided.

Do you have any areas of expertise, qualifications, fluency in languages or other skills that we should consider in making volunteer assignments?

Please identify two personal references that you have known for at least one year.

Name _____ Address _____

Phone _____ Relationship _____

Name _____ Address _____

Phone _____ Relationship _____

I understand and agree that if I perform volunteer services I will not be an employee of Holy Family Parish; that I will not be covered by or entitled to participate in any of Holy Family's compensation or employee benefit programs; and that I will not be covered by workers compensation or unemployment compensation as a result of my services.

Signature _____

Date _____

Note: Information gathered on this form is used only to assist in making volunteer assignments where these criteria are important and relevant to particular volunteer activities. We do not use it to discriminate in seeking volunteers.