DIOCESE OF SAN JOSE VOLUNTEER MINISTRY APPLICATION FORM

DIOCESAN STATEMENT OF NON-DISCRIMINATION

Volunteer positions in the Diocese of San Jose will go to those individuals whose training and experience most nearly qualify them for the positions offered without regard to race, color, creed, sex, marital status, age, handicap, or national origin, except where creed, sex, or ordination is a bona fide occupational qualification.

PERSONAL INFORMATION

NAME:	Last	First		M.I.	
ADDRESS:	Street	City	State	Zip	
PHONE:	Day		Night		
RELIGION		Parish/Ch	Parish/Church		
Ministry position	(s) preferred:				
Please state wh	y you would like to volur	nteer.			
	owledge of any foreign la	anguages?			
Speak:		Read:	Write:		
Date available fo	or volunteering				
Referred by:					
Indicate persons	– s familiar with your past ∣	ess, phone number & re		ork) a character reference, not a	
relative, on line	5.				
1					
2					
3					

Initials _____

	ease circle the answer to the questions below. Please explain the circumstances of any ached sheet.	"yes" a	answer on an		
	Have you ever worked as an employee or volunteer of the Diocese of San Jose? Please list names of places and employee or volunteer status <u>on attached sheet</u> .	YES	NO		
2.	Have you ever failed or refused to fulfill a volunteer commitment? Please explain circumstances on attached sheet.	YES	NO		
3.	Have you ever, for any reason, been suspended, dismissed or asked to resign a paid or volunteer position? Please explain circumstances on attached sheet.	YES	NO		
*4.	 Have you ever been convicted by any court of an offense? OMIT: a. Minor traffic violations b. Any offense committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law. c. Any incident sealed under Welfare and Institutions Code #781 or Penal Code #1203.45 	YES	NO		
	If yes, briefly describe the nature of the crime(s) on attached sheet. Include date(s) and place(s) of conviction and the disposition of any legal proceedings against you.				
*5.	Do you now or have you ever used prohibited substances including but not limited to marijuana, cocaine, speed, amphetamines or LSD? If yes, please explain <u>on attached sheet</u> . Include dates and the disposition of any legal proceedings against you.	YES	NO		
*6.	Have you ever abused or been accused of having abused a child, sexually or otherwise? If yes, please explain the nature of the accusations <u>on attached sheet</u> . Include dates and the disposition of any legal proceedings against you.	YES	NO		
ha na ap	the Diocese of San Jose will not necessarily deny volunteer opportunities to an applicant solely as been convicted of a crime. Each case is considered separately. The Diocese of San Jose valure, date and circumstances of the offense, as well as whether the offense is relevant to the couplied for. However, conviction of a sexual crime with a minor will always bar an applicant from the Diocese of San Jose.	vill cons duties of	ider the f the position		
	CERTIFICATION				
I hereby certify that the information presented in this application form and on the attached documentation is true and complete. I understand that any misrepresentations or omissions shall be sufficient cause for disqualification or, if already volunteering, dismissal.					
I understand that the volunteer status at Diocese of San Jose is expressly "at will" in that I am free to resign and the Diocese is likewise free to terminate my volunteer status any time, with or without cause, for any reason deemed sufficient by either the Diocese or me, as the case may be. No one other than the Bishop or Moderator of the Curia, by written agreement, has any authority to enter into any agreement for volunteer status for a specified time, or to enter into any agreement contrary to the foregoing.					
I T th	I understand and acknowledge the following: I authorize investigation of all statements contained in this application and any supporting documents. I authorize The Diocese of San Jose to secure information about my experience from any reference I have provided, and for those parties to provide information concerning my experience, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation into my criminal record.				

DATE

SIGNATURE

EDUCATION AND PROFESSIONAL TRAINING

Trade School, College or University	Location (City & State)	Dates Attended (From & To)	Graduation (Date & Degree)	
Undergraduate Degree: Major (s)		Minor (s)		
Graduate Degree – Area of Concentration:	·			
Academic Honors:				
Professional Organizations/Affiliations:				
WORK EXPERIENCE (Please list mos	st recent position first)			
Position:		From:	To:	
Employer:		Phone #:		
Address:				
Position:		From:	To:	
Employer:		Phone #:		
Address:				
Position:		From:	To:	
Employer:		Phone #:		
Address:				