



Catholic Diocese of Lincoln Volunteer Application Form

The Catholic Diocese of Lincoln appreciates your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality Catholic programs for the people of our community. For your privacy, this form will be stored in a locked environment.

Please complete and return this form to the Pastor or volunteer coordinator at the parish, school or agency at which you wish to provide volunteer services.

APPLICATION					
Last Name	First Name	Middle Initial	Date of birth		
Street address	City	State	Zip	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Telephone Number	Cell Phone Number		E-mail address		
I am applying to be a volunteer at a: <input type="checkbox"/> Parish <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Other _____					
<input type="checkbox"/> I am a current volunteer since (date) _____ at (Parish/School/Agency) _____					
<input type="checkbox"/> I am a new volunteer and WILL BE working children/youth					
<input type="checkbox"/> I am a new volunteer and WILL NOT BE working with children/youth					
I am available: <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> weekdays <input type="checkbox"/> weekends (please check all that apply)					
Are you a registered member of a Parish in the Diocese of Lincoln? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please indicate which parish:	
EMPLOYMENT HISTORY					
Current Employer			<input type="checkbox"/> Check here if you are not currently employed		
Position			Years employed		
VOLUNTEER HISTORY					
Volunteer History			<input type="checkbox"/> Check here if you do not have volunteer history		
Volunteer Position	Organization	State Date	End Date	Duties	
Contact Person/Title		E-Mail address		Phone Number	
Volunteer Position	Organization	State Date	End Date	Duties	
Contact Person/Title		E-Mail address		Phone Number	
REFERENCES					
Name	Address	Daytime Phone		Years acquainted	
Name	Address	Daytime Phone		Years acquainted	
Name	Address	Daytime Phone		Years acquainted	

DRIVING INFORMATION Check here if you are NOT applying to drive.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle. I also agree to a Motor Vehicle Record (MVR) search.

License Number	State of Issue	Date of Expiration	Driving Restrictions
Have you had any of the following citations or convictions in the past THREE years:			
1. Driving under the influence of alcohol or drugs		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Hit and run		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Failure to report an accident		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Negligent homicide arising out of the use of a motor vehicle		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Using a motor vehicle for the commission of a felony		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Permitting an unlicensed person to drive		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Reckless driving		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently taking any medication that may make you drowsy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PRIVATE VEHICLE INFORMATION

Vehicle year/make/model	Vehicle ID Number (VIN)
License plate Number	State
Plate Expiration date	
Owner's name:	Address:
City, State, Zip:	Home telephone:
Automobile Insurance Company:	Policy number:
Agent:	Agent's phone:
	Policy expiration date:

PLEASE BE AWARE:

- IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE **PRIMARY** COVERAGE
- THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: **\$100,000/\$300,000/\$100,000**
- IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENSURE THIS POLICY FOR ALL PASSENGERS
- A COPY OF THE FRONT AND BACK OF YOUR CURRENT LICENSE IS REQUIRED
- EVIDENCE OF YOUR AUTO INSURANCE LIMITS MUST BE PROVIDED
- ALL VOLUNTEER DRIVERS ARE REQUIRED TO TAKE A DEFENSIVE DRIVING COURSE. THE COURSE IS FREE OF CHARGE AND MUST BE COMPLETED PRIOR TO VOLUNTEER DUTIES
- PLEASE SEE THE **BE SMART – DRIVE SAFE** HANDOUT ACCOMPANYING THIS APPLICATION

DECLARATION

(Initials only)

_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

_____ I understand that a background check may be conducted prior to and during my services. I authorize investigations of all statements contained in this application.

_____ I agree to observe all Lincoln Catholic Diocese guidelines and policies for the program which I am applying.

****DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS****

Applicant's Signature:	Date:
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For the safety of our children and members, we sincerely appreciate your cooperation in completing this entire application.

For Office Use Only

Pastor/Volunteer Coordinator:

I have reviewed the applicant document and verify the applicant completed the training, received a background screen, and initialed the declaration statements. Signature: _____ Date: _____