

Volunteer Application

Volunteer Information

Legal First Name: _____ Legal Last Name: _____
Date of Birth: _____ Occupation: _____
Phone Number: _____ E-mail: _____
Address: _____
What ministry Or group are you applying for? _____
Name of the ministry coordinator: _____
Coordinator Phone-Number: _____

Before you start volunteering, you need to provide Proof of the following item to the Church Office.

Fingerprinting needs to be done ounce if you did it thru Archdiocese of Los Angeles.

Fingerprinting Date: _____ Location: _____

Virtus Training needs to be updated every 4 years. (Please provide a copy of your certificate to Office)

Virtus training Date: _____	Expiration Date: _____
Virtus Renew Date: _____	Expiration Date: _____
Virtus Renew Date: _____	Expiration Date: _____
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Virtus Renew Date: _____	Expiration Date: _____
Virtus Renew Date: _____	Expiration Date: _____
Virtus Renew Date: _____	Expiration Date: _____

Printed Name: _____ Signature of Applicant: _____

Please provide a copy of this application to the ministry coordinator and Church office after all items are completed