



Volunteer Application Form

Date: _____

I. Contact/Personal Information *All applicants: Please complete this section.*

Title: _____ First Name: _____ Last Name: _____ Suffix: _____

Nickname (if any): _____ Languages you speak: _____

Birth Month/Day: _____ Please check here if under age 18 & include birth year: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Please check here if you are a seminarian at the Mount.

II. Interest *All applicants: Please complete this section.*

Which volunteer role(s) are you applying for? _____

III. Liturgical Ministries *Please complete this section if applying to serve in a liturgical ministry.*

Your Home Parish: _____ City, State: _____

In which liturgical ministries do you serve at your home parish? Please check all that apply:

Lector Extraordinary Minister of Holy Communion Altar Server

Please provide a reference (who is age 18+ and not family) from within your church community.

Name: _____ Phone: _____

Email Address: _____

How long have you known this person? _____ What is your relationship? _____

IV. Reference *Please complete this section if you are an adult age 18+.*

Please provide a personal or professional reference (who is age 18+ and not family).

Name: _____ Phone: _____

Email Address: _____

How long have you known this person? _____ What is your relationship? _____

V. Other *All applicants: Please complete this section (first question is optional).*

OPTIONAL: Do you have any special requirements or conditions that would prevent or limit your ability to perform specific tasks or duties, or that we should otherwise be aware of as you volunteer? If yes, please explain:

During which hours are you typically available for volunteer assignments? Please check all that apply:

- Weekday mornings Weekday afternoons Weekend mornings Weekend afternoons

Why are you hoping to volunteer at the Seton Shrine? Please check all that apply:

<input type="checkbox"/> To meet new people or make new friends.	<input type="checkbox"/> To fulfill a community service requirement.
<input type="checkbox"/> To offer my time and talents.	<input type="checkbox"/> To establish work experience for a new job.
<input type="checkbox"/> To do something I love.	<input type="checkbox"/> To learn something new.
<input type="checkbox"/> To share my passion.	<input type="checkbox"/> To support and further the mission of the Seton Shrine.
<input type="checkbox"/> To help other people.	<input type="checkbox"/> To give back to the community.
<input type="checkbox"/> To be with friends or family who volunteer.	<input type="checkbox"/> Other:

VI. Emergency Contact *All applicants: Please designate a contact in case of emergency.*

Name: _____ Relationship: _____

Cell Phone: _____

VII. Parent/Guardian Acknowledgement *Please see below if applicant is under age 18.*

If the applicant is under 18 years of age, then I am giving my consent for my child to volunteer with the Seton Shrine.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Your Relationship to the Applicant