

Name of Parish/Other _____

COVERED VOLUNTEER REGISTRATION

Personal Data:

Name of Volunteer _____ Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____ Exp. Date _____ E-mail Address _____

(Circle One) _____ Mo / Yr

Have you lived in Oklahoma during the past two (2) years? Yes, No If no, when did you move to Oklahoma? _____

Place of Employment _____ Telephone (Work) _____

Spouse's Name _____ Telephone (H) _____

Professional Qualifications:

(Circle One)

Education: Years of High School _____ Years of College _____ Graduate, Yes, No Major _____ Minor _____

Catechetical Certification year _____ Diocese _____ Level _____

Grade levels taught: _____

Church History and Prior Youth Work:

Name of church of which you are a member: _____

List (name & address) other churches you have attended regularly during the past five years: _____

List all previous church work involving youth (list each church's name and address, type of work performed, and dates) _____

List all previous non-church work involving youth (list organization's name and address, type of work performed, and dates) _____

Indicate the type of youth or children's work you prefer _____

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work: _____

Church References (Former Pastor, Deacon, DRE, Other Church representatives)

Name: _____ Position _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Fax Number _____ E-mail Address _____

Personal References (not former employers or relatives)

Name _____ Position _____

Street Address _____ City _____ State _____ Zip _____

Telephone _____ Fax Number _____ E-mail Address _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed above to give you any information (including opinions) that they may have regarding my character and fitness for work with children or youth.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____