

# Volunteer Service Request Form 2024

St John the Baptist Church, Wading River

*You will be signing your name THREE TIMES on this form.*

## **REQUEST**

**Please complete all this information, sign and date it. Please print.**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Last First Middle

Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_  
Street Location (Not PO Box)

\*\*\* Ministry or Ministries you would like to help with \_\_\_\_\_

How long have you been a member of our parish? \_\_\_\_\_

Have you previously volunteered for a church ministry? If YES, please list the date(s), parish or school name and location, and the ministry you performed.

\_\_\_\_\_  
List any training for church ministry you have received: \_\_\_\_\_

\_\_\_\_\_  
Have you ever been discharged from volunteering for any reason?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If Yes, please explain \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No

Are you aware of any situation that would affect your ability to serve as a volunteer?  Yes  No

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Volunteer**

VOLUNTEER CODE OF CONDUCT

*St. John the Baptist Church, Wading River*

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct:

- As a volunteer, I will:
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at parish activities.
- Use positive reinforcement rather than criticism or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor.
- Report suspected abuse to the pastor, or appropriate supervisor and the local Child Protection Services agency or other civil authorities.
- Cooperate fully in any investigation of abuse of children and/or youth.

As a volunteer, I will *not*:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth. Touch a child and/or youth in a sexual or other inappropriate manner. Use any discipline that frightens or humiliates children and/or youth. Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take any action as outlined in this Code of Conduct may result in my being asked to no longer volunteer in my parish, St. John the Baptist Church.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**PLEASE TURN to the next PAGE AND SIGN**

**PLEASE READ THE FOLLOWING CAREFULLY UPON APPROVAL OF YOUR REQUEST**

1. I have read this entire form. I understand and agree to all of its contents. I certify that all answers given on this form are true and complete to the best of my knowledge, and I understand that falsification in any detail is grounds for disqualification from further consideration or for dismissal from any volunteer role with a parish, school or other entity.
2. I agree to inform the parish, school or other entity of any changes to the foregoing information.
3. I acknowledge receipt of the Diocesan Child Protection Policy, agree to read it and be responsible to follow the policies and procedures it contains.
4. I understand that I must comply with the policies, rules and precepts of the entity I serve.

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

**ADMINISTRATOR USE ONLY**

**APPROVAL:**

Request to serve as a volunteer:     Approved     Denied

_____ Approved Ministry	
Start Date ____/____/____	Supervisor _____
Conditions: _____	
Request Approved by: _____	
Signature	Date
_____ Print Signer's Name and Title	

**FOR ADMINISTRATOR USE ONLY**

- |                                                                   |                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Screening Form Completed                 | <input type="checkbox"/> Child Protection Policy Provided |
| <input type="checkbox"/> Volunteer Entered into PayForce Database | <input type="checkbox"/> Screening Registered             |

**VIRTUS** Training Scheduled: \_\_\_\_\_ **VIRTUS** Training Occurred: \_\_\_\_\_

**Notes:** \_\_\_\_\_