



## DIOCESE OF SAINT AUGUSTINE APPLICATION FOR VOLUNTEER WORK

Thank you for offering your time and talent as a volunteer. Please complete the following sections, so that we can properly evaluate your suitability for volunteer service within the diocese.

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children and Ages: \_\_\_\_\_  
\_\_\_\_\_

Current Memberships: (Religious, Professional, Community, etc.)  
\_\_\_\_\_

Nature of Volunteer Position: \_\_\_\_\_

Diocesan Location: \_\_\_\_\_

Previous Experience Related to the Above Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References: (Non-family members who are knowledgeable of your work or service experience.)

	Name	Address	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Diocesan Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Pastor, Principal, Director)