



**GENERAL VOLUNTEER APPLICATION AND RELEASE**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address Email Address  
\_\_\_\_\_  
City State Zip

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_

What interested you in this position? \_\_\_\_\_

1. How long have you been associated with St. John the Baptist Catholic Church and School? \_\_\_\_\_

2. Are you age 18 or older? (circle one) Yes No

3. Please list any skills, training, education, or other factors that have prepared you for work with minors or vulnerable adults.

\_\_\_\_\_  
\_\_\_\_\_

I agree to observe the Parish/School/Archdiocese guidelines and policies applicable to my volunteer service.

The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully and completely is grounds for rejection of my application or dismissal from the volunteer position.

I understand that in signing this document, I authorize verification of this information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability St. John the Baptist Church and School, New Brighton, MN 55112, and the Archdiocese of Saint Paul and Minneapolis, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, participant's and volunteers, and I promise to faithfully follow all such policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_