

Appendix B

Telephone: _____ Contact: _____

Volunteer work: _____ Supervisor: _____

5. Please list any gifts, callings, training, skills, education or other factors that have prepared you for the work you are planning to do in the parish.

6. List your educational background:

High School	City	State	Graduation Year
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College	Major	Years Attended	Degree(s) Granted
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7. List your employment history:

Name of Company	State	Position	Years employed
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8. Have you ever been convicted of a felony? Yes ___ No ___

If yes, please explain:

9. Have you even been convicted of a misdemeanor other than for first offenses for the following: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace? Yes ___ No ___

If yes, please explain:

10. References: (These could include current/past employers, past rectors, friends and colleagues but not relatives.)

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Please list two parishioners from this parish that you have known the longest since becoming a member of the congregation.

Name: _____

Name: _____

ATTESTATION

I swear and affirm that the information given on this questionnaire is true, complete and correct. I understand that a complete background investigation will be conducted with respect to me and that this information may be verified by contacting persons and organizations with whom I have had contact. I agree to hold harmless from liability any person or organization that provides such information and hold harmless the _____, (Name of Parish) the officers, employees, agents and volunteers from any and all liability as it relates to any investigation taken by them regarding the information contained in this application. Final approval for work as a volunteer will be pending the results of the background investigation and verification of information supplied by me.

Volunteer/Parishioner's Signature: _____ Date: _____

Application reviewed by: _____ Date of Review: _____