

CONFIDENTIAL

DIOCESE OF RENO: OUR LADY OF THE SNOWS PARISH

ADULT VOLUNTEER APPLICATION – Page 1 of 2

PLEASE RETURN THIS FORM TO THE PARISH

LEGAL NAME:

First

Middle

Last

Mailing Address:

Physical Address (If different):

Home Telephone:

Cell Phone:

E-mail Address:

Complete name of volunteer site:

Our Lady of the Snows Parish

City where site is located:

Reno, NV

Type of volunteer work to be performed:

Name of supervisor at site:

List other names you use or are known by:

Employer/business name:

Previous experience working with youth organizations, schools, parishes (give years):

References: Please list three references with name, address, email address, and telephone numbers of individuals who are familiar with your character, especially as it relates to working with youth. Please be thorough with your information, as **references will be checked.**

Name	Phone #
Address	City/State/Zip
E-mail Address	
Name	Phone #
Address	City/State/Zip
E-mail Address	
Name	Phone #
Address	City/State/Zip
E-mail Address	

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All volunteers who have any contact with minors and vulnerable adults in the performance of their duties need to attend a “Protecting God’s Children” Awareness Session, and complete a follow-up process of reading one brief bulletin each month for a total of twenty-four and a re-certification review. A volunteer who has any contact with minors will need to complete a background check, and may also be required to submit fingerprints.

I understand that:

The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless from liability in appropriately utilizing this application information, parish, school, the Roman Catholic Bishop of Reno and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Reviewer’s notes: Authority at volunteer location is to review and sign application, and provide notes below or on a separate attachment.

Signature of reviewer _____ Date _____