## St. Mary's Visitation

## **VOLUNTEER INFORMATION**

Last Name	First Name	Middle Initial
Maiden Name		
Address	City	Zip
Phone	Cell	
E-Mail Address		
Date of Birth		
Social Security Number (M	<u>(UST</u> have to run Federal check) _	
Driver's License Number _		
I have completed the "Safes	guarding All of God's Children (for (please circle) YES/NO	merly Virtus)" training
If completed, where and wh	nen was the training taken?	
PLEASE READ AND SIG	N THE FOLLOWING STATEMEN	NT:
I am accepted as a voluntee duties, and I agree that St. I volunteer assignment is tern If I am working with youth the information stated above	or, any false statements or omissions Mary's Visitation Parish shall not be minated for this reason.  on a regular basis, St. Mary's Visitate by means of a criminal records chapledge to join with the church in its	e held liable in any respect if my
Applicant Signature:		Date:

Please return this form to Chris Kinzy at the Parish office (1260 Church St., Elm Grove)