

Volunteer Application

The Christian faithful of New Hampshire are committed to providing a safe and secure environment for all children, youth, employees, and volunteers who participate in ministries and activities sponsored by the Diocese of Manchester. As part of that commitment, background screening is required for all volunteers who regularly work with children in their ministry. In addition to completing this application, volunteers who regularly work with children also must also undergo a criminal records check and a sex offender registry check. Please print or type the information below.

Name

First	Middle	Last
List any other names you have been known by, including maiden and nicknames		
Date of Birth*	Phone	Email address

Address

Street	Unit/Apt. #
Town	Zip Code
Mailing Address (if different from above)	
List all states in which you have resided during the last five (5) years.	

Indicate the parish/town in which you are registered:
Registered 6 months or more? (circle) Yes No If "no," please provide a written recommendation from a pastor or parish supervisor from your previous parish.
Indicate the parish or school in which you wish to volunteer:
Indicate the position you are seeking:

Have you ever committed, been accused of, been found by a child protection agency, or been convicted of physical or sexual abuse or neglect of a minor (person under age 18)? (circle) Yes No

Have you ever been subject to any court order involving an allegation of sexual, physical, or verbal abuse of a minor? (circle) Yes No

(If you answered yes to either of the above questions, please provide an explanation on a separate sheet of paper and attach it to this form).

By signing this form, I certify that the information contained herein is true to the best of my knowledge and belief. I authorize the Diocese of Manchester to investigate the information contained on this form, including my criminal conviction record. I understand that it is my obligation to notify my pastor or principal if I am arrested or convicted of a crime after signing this form.

Signature: _____

Date: _____

* Date of birth is requested for identification purposes only.