

**Delaware St Mary
VOLUNTEER APPLICATION**

Date of application: _____

Thank you for offering to work with the children and youth of our parish. Volunteers are indispensable to our programs. Because you will be volunteering with our young people, we require some basic information. Please complete and return to Janet Conroy, Safe Environment Coordinator at the parish office or by email jconroy@delawarestmary.org.

State: _____ Zip: _____ Full Legal Name: _____
DOB: _____ Address: _____ City: _____
Phone: _____ Email: _____

Current Employment (position & location):

Volunteer position(s) you are interested in at St. Mary (please list all):

Please provide the name, address, phone number and email address of two people we may contact for a reference check. PLEASE DO NOT USE RELATIVES AS REFERENCES. (All information submitted will be confidential.)

• **Reference #1:** Name: (please print) _____
Phone: _____ Email: _____ Relation to you (friend, coworker, neighbor etc) : _____
How long have you known this person? _____

• **Reference #2:** Name: (please print) _____
Phone: _____ Email: _____ Relation to you (friend, coworker, neighbor etc) _____
How long have you known this person? _____

1. Have you attended VIRTUS Protecting God's Children? YES NO **If yes, please attach a copy of your certificate to this application. LIST DATE COMPLETED: _____.** **If no, please indicate the date you plan to attend? LIST DATE SCHEDULED: _____**
If you are new, and have not yet attended a PGC session, Protecting God's Children registration can be found at www.virtusonline.org/. Click on "First Time Registrant" on the left side of the screen and select "Columbus, OH (Diocese)" as your organization and follow the prompts.
2. Please attach a copy of your Photo ID to this application.
3. All volunteers must complete a criminal background check at **Fast Fingerprints**, located at 1486 Bethel Road, Columbus, OH 43220. Appointments are to be made online at www.fastfingerprints.com. The Fast Fingerprints Registration Form is available at the parish office or online @ delawarestmary.org under the FORMS tab, , **OR** through **the Delaware City Schools Administration Office, 74 W William St., Delaware, OH 43015 prior to volunteering.**

For Office Use only:

PGC: _____ Location: _____
Photo ID Y / N BCI: _____ FBI : _____ Code completed __Y_N_
PLC: _____ Concussion: _____ SCA: _____ COVID-19: _____