

ARCHDIOCESE OF BOSTON MANDATED VOLUNTEER APPLICATION

St. Bonaventure Parish

****Forms should be returned in person to the office****

Volunteer Name: _____ DOB: _____

Address: _____

Phone number: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

***Thank you for your interest in volunteering.
Please check all opportunities you would like to hear more about.***

Worship Ministries

<input type="checkbox"/> Choir	<input type="checkbox"/> Eucharistic Minister Weekend
<input type="checkbox"/> Usher/Collector	<input type="checkbox"/> Eucharistic Minister Homebound
<input type="checkbox"/> Lector	<input type="checkbox"/> Eucharistic Minister Hospital/Nursing Home
<input type="checkbox"/> Adult Altar Server (funerals)	<input type="checkbox"/> Altar server
<input type="checkbox"/> Other _____	

Parish Ministries

<input type="checkbox"/> Religious Education Teacher or Assistant	<input type="checkbox"/> Bereavement Ministry
<input type="checkbox"/> Craft Assistant	<input type="checkbox"/> Prayer Shawl Ministry
<input type="checkbox"/> Sunday Hospitality	<input type="checkbox"/> Knights of Columbus
<input type="checkbox"/> Santa's Gingerbread House Party	<input type="checkbox"/> Wedding Coordinator
<input type="checkbox"/> Health Care Ministry	<input type="checkbox"/> Linens - Liturgical
<input type="checkbox"/> Baptism Preparation for Parents	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Gardening Club	<input type="checkbox"/> Maintenance Assistance
<input type="checkbox"/> Money Counters	<input type="checkbox"/> Fund for the Needy – Food Pantry
<input type="checkbox"/> Fund for the Needy – Delivery	<input type="checkbox"/> Fund for the Needy – Golf Tournament
<input type="checkbox"/> Fund for the Needy – Christmas Program	<input type="checkbox"/> Other _____

Have you performed Volunteer work previously? Yes No

If yes, where and what type of work?

Please tell us why you are interested in this volunteer ministry:

Please provide us with two references. Your references should not be relatives.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Note that all volunteers must complete a CORI background screening prior to beginning ministry and annually after that.

All adult volunteers who may be around youth, including all those in worship ministry, must complete **Protecting God’s Children training within the first 60 days of ministry.**

All volunteers working directly with youth must complete **Protecting God’s Children training within the first 30 days of ministry.**

Volunteers can sign up for PGC training by going to www.VIRTUSonline.org and following the instructions. Select “Boston, MA (Archdiocese)”, fill in the required information then it will give you a series of trainings from which to choose. Please call the Office of Child Advocacy at 617-746-5994 if you need assistance.

All volunteers must read and agree to comply with both the Code of Conduct for Volunteers and the Child Protection Policy for the Archdiocese of Boston. They can be found on St. Bonaventure’s website under the **ABOUT tab/policies** or at bostoncatholic.org/protecting-children-word-welcome For printed copies please ask your volunteer coordinator.

Volunteer Signature Date

Staff Signature Date

Parent Signature if Volunteer is under the age of 18 Date

For office use only: Rev. 2/2023

CORI Form Completed: Yes No If yes, date CORI Form completed: _____
Virtus Training Completed: Yes No If yes, date of Virtus Training: _____
Location of Virtus Training: _____

Diane _____
Update Volunteer List _____

References checked by _____ Date _____