



**DIOCESE OF SAINT AUGUSTINE
APPLICATION FOR VOLUNTEER WORK**

Thank you for offering your time and talent as a volunteer. Please complete the following sections, so that we can properly evaluate your suitability for volunteer service within the diocese.

Full Name: _____ Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Employer: _____

Marital Status: _____ Spouse's Name: _____

Children and Ages: _____

Current Memberships: (Religious, Professional, Community, etc.)

Nature of Volunteer Position: _____

Diocesan Location: _____

Previous Experience Related to the Above Service: _____

References: (Non-family members who are knowledgeable of your work or service experience.)

	Name	Address	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Signature of Applicant: _____ Date: _____

Approval of Diocesan Representative: _____ Date: _____
(Pastor, Principal, Director)