

**EPISCOPAL DIOCESE OF LOUISIANA**

**SAMPLE INFORMATION FORM FOR VOLUNTEERS**

PERSONAL DATA

Name:

Street address:

City:

State:

Zip:

How long at current address:

Home phone:

Cell phone:

Work phone:

Best time to contact you:

Email address:

Driver license number:

State:

Social Security number:

Ministry, program, activity or event for which you would like to volunteer:

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Have you volunteered for something similar in the past? Please describe briefly.

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Why are you interested in volunteering? \_\_\_\_\_

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Do you have children or other relatives participating in this ministry, program, activity or event? Please give their name(s) and relationship(s).

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Have you ever been accused of physically, sexually or emotionally abusing or neglecting a child or an adult?

Yes  No

If yes, please explain.

If chosen to serve as a volunteer, I agree to be bound by all policies and procedures, including but not limited to the Episcopal Diocese of Louisiana *Policies for Protection of Children and Youth From Abuse* and the *Code of Conduct for the Protection of Children and Youth*. I understand that these may be changed, withdrawn, added to or interpreted at any time at the sole discretion of the Episcopal Diocese of Louisiana and without prior notice to me. I also understand that my volunteering may be terminated, or any offer or acceptance of volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of my church, Diocese or myself.

Nothing contained in this application or in any or pre-volunteering communication is intended to or creates a contract between myself and the Episcopal Diocese of Louisiana or any church, school or Diocesan institution for employment, volunteering, or the providing of any benefit.

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

Signature \_\_\_\_\_

Date \_\_\_\_\_