



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

INFORMATIONAL FORM FOR MINORS SERVING AS VOLUNTEERS

BACKGROUND INFORMATION

There is a growing public awareness that the safety of minors is a top priority for organizations that educate and support them. The Church through its local parishes is one of those organizations. As such, it is important that the volunteers who work with our children are a good fit to minister in those positions. This is true for adults as well as minors who volunteer. For this reason, volunteers who are minors are to furnish information and references requested herein before undertaking their duties.

The information requested herein is to be furnished by all volunteers who are minors that are involved with minors on a regular basis, such as coaches assistants, choir helpers, youth ministry volunteers, or those who may be involved with children on an overnight basis, as chaperone helpers (even though it may be a single occurrence). All such volunteers must complete this form.

PERSONAL DATA

Name _____
Last First Middle Maiden

Address _____ City _____ State ____ Zip _____

Phone: Home _____ Cell _____ E-mail _____

Date of Birth: _____ SS#: _____

Father's Full Name: _____ Father's Address: _____

City, State, and Zip: _____ Phone: _____

Mother's Full Name: _____ Mother's Address: _____

City, State, and Zip: _____ Phone: _____

EXPERIENCE WITH YOUTH

Please list your prior experience in caring for, supervising, and dealing with minors. (e.g. youth group, scouting, Little League, coaching, youth ministries, etc.) Use reverse side if more space is needed.

Name of Organization	From: Month/Year	To: Month/Year	Contact Person for Verification	Phone Number With Area Code
1				()
2				()
3				()
Character Witness	Known from	to	Name	
4				()

CERTIFICATION AND AUTHORIZATION

I hereby authorize investigation of all statements contained on this form and certify that all information included herein is complete and accurate, I understand that my continuance as a volunteer is dependent upon verification of my statements and that a misstatement of fact would be grounds for my immediate discharge as a volunteer.

Signature _____ Date _____