



Capuchin Youth & Family Ministries
 781 Route 9D, P.O. Box 192
 Garrison, NY 10524
 845-424-3609
 Web: cyfm.org
 E-mail: cyfm@cyfm.org

Volunteer Application

Date of Application: _____

Name: _____
 Prefix (Mr.,Ms., Mrs.) First Middle Last Maiden Name

Nickname _____ **Gender:** Female Male **Date of Birth:** _____

Marital Status _____

Current Address:

Number & Street (No PO Box) City

State Zip Number of years at address

Prior Address:

Number & Street (No PO Box) City

State Zip Number of years at address

Telephone Numbers:

Day Night Cell

E-Mail Address: _____ We send our newsletter to our constituents via email; may we also send you info about our retreats and programs? Yes No

Any allergies or medical concerns we should be aware of: _____

Emergency Contact & Phone Number: _____

Parish: _____

Name City/Town

Are You Registered? ___ Yes ___ No How many years? _____

Do You volunteer in your parish:? ___ Yes ___ No

In what capacity? _____

Video/Photo Release:

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministries or anyone authorized by Capuchin Youth & Family Ministries, of any and all video & photographs of me taken at any CYFM events for any publicity purposes, without compensation. CYFM reserves the right to use these videos & photographs in any of its print, electronic publications, or via internet. All video & images – electronic or negatives and positives, together with the prints – are owned by CYFM.

I hereby warrant that I have read and understood all of the above-mentioned material.

Signature _____



Adult Volunteer Service

CYFM relies on our dedicated volunteers to support the many programs we offer to our youth and their families. We offer a variety of ways adults can serve in our ministry. Please check the service(s) you are interested in performing for CYFM.

DDA & Other Retreats:

DDA Adult Team Serve on other CYFM retreats

Kitchen Palanca:

Kitchen Supervisor Head Cook Cook Support Cook for Appalachia Send Off

Music Ministry:

Retreat Music Ministry DDA Closings Special Events

Musical Instrument I Play _____ I can sing

Office Help:

Mailings DDA Binders Other

Special Events and Publicity: Family Festiva/God's TYM Olympics Other

Publicize CYFM in my parish Speak to groups about CYFM

Committees:

Development Alumni Special Fundraising Events Marketing

Other:

Gifts and talents I would like to share with CYFM to support their ministry and mission



Safe Environment

Have you had a background check through an Arch/diocese? (If a volunteer applicant has not had an Archdiocesan background check within the last 9 months we are required to run a new one. Please complete the last page: ***AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK***

_____ Yes _____ No

If yes, which Arch/diocese & Parish? _____

Have you received Virtus Training?

_____ Yes, Date & place _____ No _____

If yes, which training did you receive? Please check one.

_____ Protecting God’s Children* (3 to 3½ hour program)

_____ Safer Spaces (½ to 1 hour program)

*The Protecting God’s Children training is required for all CYFM Volunteers.

Through what parish or organization? _____

Month and year of training _____

Please forward to CYFM a print out of the “Instructor Led Training” page from your Virtus online account as verification of attendance.

Have you received the CYFM Safe Environment Seminar?

_____ Yes _____ No If yes, month and date of training _____

If the answer to any of the following questions is “yes”, please explain on a separate sheet:

Has a civil or criminal complaint ever been filed against you alleging child neglect or abuse of any kind?

Have you ever been accused or investigated, your employment terminated or you been disciplined for physical abuse, sexual abuse, misconduct or harassment?

I understand that to be a volunteer at Capuchin Youth and Family Ministries I must have a background check and complete the Virtus training. If I have checked “Yes” to the above questions, I give permission to CYFM to verify this information. If I have checked “No” I give permission to CYFM to perform a background check and I will complete the Virtus training at the earliest possible time.

Signature and date

AUTHORIZATION & DISCLOSURE FOR BACKGROUND CHECK

I have read the *Archdiocesan Policy on Background Checks* and “*A Summary of Your Rights Under the Fair Credit Reporting Act*,” understand my rights as outlined in that document and, in connection with my work with children or youth in the Archdiocese of New York, authorize the agency where I am applying or currently serve in the Archdiocese, its affiliates, agents, and independent contractors, to make the following background checks during the application/screening process and during the course of my employment/service: criminal history, sex offender registration, and social security number verification.

Further, the information received in connection with this background checks is strictly confidential and will not be released except to the personnel specified in the *Archdiocesan Policy on Background Checks*. Unless I so authorize in writing, the Archdiocese and its independent contractors will not disclose or distribute the information generated from the background checks listed above.

Law enforcement, judicial, and governmental agencies are authorized to release all written information about me in connection with the above-authorized background checks. To the extent permitted by law I release all individuals, companies, corporations and agencies from any and all liability, claims, and or damages relating to the above-authorized background checks.

The following information is true and correct to the best of my knowledge: **[PLEASE PRINT CLEARLY]**

Parish/Institution Name: Capuchin Youth & Family Ministries Institution #: 9980

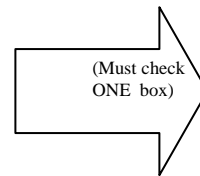
Parish/Institution Address: PO Box 192, 781 Route 9D, Garrison, NY 10524

Program you will be serving (e.g., CYO, School, Parish, Religious Education): Other

Position (e.g., CYO-Basketball, Teacher, Youth Minister, Catechist,): _____

Name: _____ Prefix First

If your use of any other name (e.g., nickname or maiden name) is necessary to complete a background check, please list the name(s) here:



- Employee
- Volunteer
- Clergy – Diocesan
- Clergy – Extern
- Clergy – Relig. Order

Current Address:

_____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____|
Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Prior Address:

_____|_____|_____|_____| _____|_____|_____|_____| _____|_____|_____|_____|
Street Number Street Name (No PO Boxes) City, State Zip Years @ address

Date of Birth*

_____|_____| _____|_____| _____|_____|_____|_____|
Month Day Year

*Date of Birth is **REQUIRED**; information is used for identification purposes only. Age is in no way used as a qualification for employment or volunteer service.

Social Security** #: _____|_____|_____| - _____|_____|_____| - _____|_____|_____|_____|

SSN is **REQUIRED; If the individual is a foreign citizen and does not have an SSN, a government issued picture ID must accompany this form for processing.

Daytime Telephone Number: (_____|_____|) - _____|_____|_____|_____|
Area Code Number

Signature: _____ Date: _____

Parent's Signature (for minors): _____

For Office Use Only
Received SEP: ___/___/___
Entry date: ___/___/___