



Our Lady of Good Counsel Church * Volunteer Application & Release

Name: _____
Last First Middle

Address: _____
Physical Address City Zip Code

Address: _____
Mailing Address (if different) City Zip Code

Email Address Cell Phone Home/Other Phone

Ministry & Volunteer Position Applying For: _____

What interested you in this position? _____

Thank you for your interest in volunteering at Our Lady of Good Counsel Church. We appreciate your willingness to serve our community. We know that as a volunteer, you have the highest concern for those to whom you are ministering. In order to protect the most vulnerable among us, as well as our employees, other volunteers and parishioners, we ask that all volunteers, especially in positions involving minors and/or vulnerable adults, answer the following questions, as well as complete and comply with the Diocese of Honolulu Virtus Safe Environment Program.

1. Are you a registered parishioner of Our Lady of Good Counsel Church and if so, for how long? _____

2. Are you age 18 or older? (circle/check one) YES NO

3. If you have been registered with OLGC for less than five years, list the name(s) and address(s) of the other churches. If you are a registered parishioner of another church, please list the name and address of that church.

4. Do you have family members who participate in other OLGC programs? (circle/check one) YES NO
Please list their name(s) and the ministry(s) they serve in.

5. Please list any gifts and talents you have to share with this ministry.

6. Please provide prior volunteer experience.

a. Organization: _____

Address/City/State/Zip Code: _____

Supervisor: _____ Phone Number: _____

Volunteer Position: _____ From (Mo./Yr.) _____ To (Mo./Yr.) _____

Duties: _____



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b. Organization: _____
Address/City/State/Zip Code: _____
Supervisor: _____ Phone Number: _____
Volunteer Position: _____ From (Mo./Yr.) _____ To (Mo./Yr/) _____
Duties: _____

7. If applying to serve in a ministry with direct contact with minors and/or vulnerable adults:

a. Please list any gifts, talents, education, or other factors that have prepared you for work with minors or vulnerable adults:

b. Please provide at least two professional/personal references we may contact.

1. Name: _____ Relationship: _____ Ph#: _____

2. Name: _____ Relationship: _____ Ph#: _____

8. I have completed the Diocese of Honolulu Virtus Safe Environment Program which includes a Background check and Code of Conduct. Date Completed: _____

You will not be able to serve in any OLGC ministry if you have not yet completed the Virtus Program, Background check and Code of Conduct.

9. I agree to listen and follow the directions given by the Pastor in making my ministry an assistance to his shepherding in our parish.

I agree to observe all of the Diocesan/Parish/School guidelines and policies applicable to my volunteer service. The information provided on this form is correct to the best of my knowledge. I understand that not answering the above questions truthfully is grounds for not being considered for a volunteer position.

I understand that by signing this document, I authorize verification of his information through communication with any person or organization noted herein. With regard to the verification of information process, I release from liability, OLGC and the Diocese of Honolulu, as well as any person or organization which provides such information, so long as all parties acted in good faith and without malicious intent.

I understand that policies are in place to maintain a safe environment for all employees, volunteers, and parishioners, and that I promise to faithfully follow all such policies.

Signature: _____ Date Applied: _____

Pastor's Signature: _____ Date Approved: _____