

Volunteer Enrollment Form
St. Gregory the Great Parish and School

Part One (To be completed by all volunteers)

Date: _____

Name: _____ Maiden: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Email Address: _____ Birth date: _____

Emergency Contact: _____ Phone: _____

Occupation: _____ Place of Employment: _____

Employment Address: _____ Phone: _____

Education Completed: (Please check one) _____ High School _____ College
_____ Graduate School

Part Two (To be completed by volunteers working with children, the sick & homebound, or finances)

Previous Volunteer Experience:

Position/Agency: _____

Position/Agency: _____

Do you have a valid Driver's license: _____ Yes _____ No State: _____

Has your Driver's license ever been revoked? _____ Yes _____ No

Do you have auto liability insurance? _____ Yes _____ No

Insurance company: _____

Do you have current certification or recognition in First Aid? _____ Yes _____ No
CPR? _____ Yes _____ No

Current Memberships (Religious, Community, Business, Professional Organizations):

Have you ever been disciplined or removed by another parish program or by any other youth serving organization?
_____ No _____ Yes (Please explain):

Please provide two personal references that are non-family members. If you have previous experience as a volunteer, one reference should be from that organization:

Name _____ Phone _____

Address _____ City & Zip _____

Relationship _____

Name _____ Phone _____

Address _____ City & Zip _____

Relationship _____

Please check all the areas in which you will be volunteering: _____ Parish _____ School _____ Athletics
_____ Scouting

(OVER)

THE FOLLOWING INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

(To be submitted to Patti Penkalski, Dir. of Administrative Services, or Yolande Lasky, Principal)

1. Have you ever been convicted of a crime? No Yes
2. Have you even been charged with Child Abuse or Neglect? No Yes
3. Are you a registered sex offender? No Yes
4. Are there any other circumstances involving you or your background that could call into question your being entrusted with supervision, guidance and care of people of any age? No Yes

If you answered YES to any of the above questions, please explain below:

How long have you lived at your present address? _____ Years _____ Months

Have you ever lived or worked out of the state of Wisconsin? If yes, please list where and when:

For volunteers who will be working with children and young people, please fill in the following information:

Have you completed the VIRTUS Awareness Program: (This is the three-hour facilitated awareness session about sexual abuse and creating a safe environment.)

Yes (Date completed: _____) No

Have you completed the Boy Scouts of America Youth Protection Program?

Yes (Date completed: _____) No

Certificate of completion must be on file with parish

Have you signed an acknowledgment verifying you have read *The Code of Ethical Standards for Church Leaders*” and *“Mandatory Reporting Responsibilities”*?

Yes, it is on file with parish Don't know

No

All volunteers: Please read and sign the following statement: *(Background checks will be reviewed on a five year basis or as needed.)*

I certify that the above information is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements or omissions may lead to termination of my duties and I agree that St. Gregory the Great Parish shall not be held liable in any respect if my volunteer assignment is terminated for this reason.

I hereby authorize St. Gregory the Great Parish and/or its agents to make an independent investigation of my background and criminal or police records through the State of Wisconsin Department of Justice. I release St. Gregory the Great Parish and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above reference sources used.

Print Name _____

Date: _____

Signature _____

**SCHOOL VOLUNTEER FORM
2010-2011**

Our volunteers have been exceptional...both in the numbers as well as in the quality and consistency of their services. The effort and skill of these people make each school day more productive. If you have volunteered in the past...THANK YOU!

If you are looking for a rewarding task to fill a small or large part of your day, we welcome your voluntary help. Parents, grandparents, uncles, aunts, cousins and friends are all welcome to join in this extremely enriching endeavor. WE NEED MANY VOLUNTEERS to help in various areas to make St. Gregory the Great Parish School the best it can be. All volunteers must be VIRTUS trained.

Please check those areas in which you are interested in being of service and return to the school office by **September 10**.

NAME: _____

ADDRESS: _____ PHONE: _____

___ LUNCHROOM SUPERVISORS - to assist with providing a safe and healthy environment in the cafeteria during lunch time. 11:15 a.m. - 12:30 p.m.

___ PLAYGROUND SUPERVISORS - to assist with providing a safe and healthy environment on the playground during lunch recess 11:30a.m. - 12:30p.m.

___ TRAFFIC SUPERVISORS - FRIDAYS ONLY - to assist in directing traffic in the parking lot to assure a safe environment as they drop off or pick up their children. AM 7:25-8:10 and PM 2:30-3:15

___ TLC ROOM AIDE - to provide Tender Loving Care to students who may be injured or ill especially during lunch/recess time. 11:30 a.m. - 1:00 p.m. No experience is necessary but a background and/or experience in first aid is helpful, otherwise training will be provided.

___ COMPUTER AIDE - to assist the classroom teacher and work with students on computer activities.

___ LIBRARY AIDE - to keep the library open for student use, checking out, shelving, repairing of books and filing are some of the varied duties.

___ CLASSROOM AIDE - to work in a classroom with teacher's guidance in giving help to students or preparing specific student materials.

Grade Preference: ___1-3 ___4-6 ___7-8

___ OFFICE AIDE - to help with duplicating work for teachers, or other office related work (typing is not a requirement).

___ Spanish Interpreter

Please let us know what days and times you are available:

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___ **If you have a teaching license and are interested in being a substitute teacher or if you know of anyone who would be interested in substituting for us please indicate here. This is a paid position.**

Name: _____

Phone: _____

Grade Level: _____

Website: www.stgregsmil.org

email: stgregs@archmil.org