

St. Thomas the Apostle Parish
2914 West 44th Street
Minneapolis, MN 55410

VOLUNTEER QUESTIONNAIRE AND RELEASE

Name: _____
Last First Middle

Address: _____

City State Zip
Business Phone: _____ Home Phone: _____

Volunteer Position: _____

**All information submitted on this form is considered confidential and will be used
only for the purpose of screening for volunteer positions.**

Thank you for your interest in volunteering at St. Thomas the Apostle. We appreciate your willingness to work with our minors or vulnerable adults. We know that as a volunteer you have the highest concern for those to whom you are ministering. In order to protect our most vulnerable parishioners, as well as our volunteers, we ask that all volunteers in positions involving minors or vulnerable adults answer the following questions.

1. How long have you been associated with St. Thomas the Apostle?
2. If you have been associated with St. Thomas the Apostle less than five years, list names and addresses of other churches you have attended.

- _____
3. Are you over 18 years of age? (circle one) Yes No
 4. Do you have family members who participate in the program for which you are volunteering? (circle one) Yes No
 5. Please list any gifts, training, education, volunteer experience, or other factors that have prepared you for work with minors or vulnerable adults. _____

- _____
6. If your position involves driving, have you completed FORM 7: DRIVER'S INFORMATION FORM? (circle one) Yes No N/A

7. I have received, read, and understood a volunteer position description for this ministry, read and signed the Volunteer Code of Conduct, and read and understood the St. Thomas the Apostle Harassment Policy. (circle one) Yes No

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 in signing this document, I authorize verification of this information through communication with any person or organization noted herein. I release from liability St. Thomas the Apostles as well as any person or organization which provides such information.

I understand that policies are in place to ensure a safe environment for all participants and volunteers and I will do my best to follow the policies closely.

Signature _____ Date _____