



Your completed application will be reviewed carefully, but its receipt does not imply that you will be accepted as a volunteer minister. The Diocese, in its sole discretion, decides who may officially minister in the Catholic Church. Incomplete answers on this application may result in no offer of ministry

First Name	Middle Name	Last Name
Ministry Applying For		Name of Parish, School, or Other Entity
<input type="checkbox"/> Check if you or a family member is registered in this entity.	Name of this Individual	Relationship
Briefly explain why you are interested in this ministry and why you believe you are qualified:		

- Check if first time volunteer. COMPLETE ALL INFORMATION, SIGN AND DATE OTHER SIDE
- Check if currently volunteering and wish to add or change assignments  
COMPLETE ONLY CHANGING INFORMATION, SIGN AND DATE OTHER SIDE

**Personal Information:**

➡ Please check one: Rev. Bro. Sr. Dcn. Mr. Mrs. Ms.

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_  
City State Zip

Length at Current Address: \_\_\_\_\_ years \_\_\_\_\_ months

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please specify your current parish membership, if not a member, please leave blank:

How long have you been associated with the parish or school? \_\_\_\_\_

**Previous Experience**

Have you served as a volunteer or employee in another parish/school? Yes No If so, when? (year) \_\_\_\_\_  
and in what capacity? \_\_\_\_\_

Parish/School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisor/Contact Person \_\_\_\_\_

**Language Proficiency**

Indicate any languages besides English that will assist in the ministry sought. \_\_\_\_\_

**Personal References**

Please fill in the requested information below. Be sure to include all information requested. Please list three (3) references that we can contact.

**Reference 1**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

**Reference 2**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

**Reference 3**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have they known you? \_\_\_\_\_ In what capacity (relationship)? \_\_\_\_\_

**Disciplinary History**

Have you ever had a disciplinary proceeding, been terminated from a position, or asked to resign from a position due to your behavior with a minor? Yes No

Have you ever had your parental rights restricted, suspended or terminated? Yes No

Has a civil or criminal complaint ever been filed against you alleging physical or sexual abuse? Yes No

*If you answered "YES" to any of the above questions please explain on a separate sheet of paper.*

**Applicant's Statement - THIS FORM MUST BE SIGNED AND DATED BELOW**

- I certify that answers given herein are true and complete to the best of my knowledge
- I understand that this is not an application for employment.
- I understand that I can withdraw from the application process at any time.
- I authorize investigation by the Diocese of Fort Worth of all statements contained in this application for volunteer ministry as may be necessary in arriving at an acceptable decision.
- I understand that if I am accepted into a volunteer ministry position, then I may resign at any time and the Diocese may discharge me at any time and for any or no reason.
- In the event of acceptance into volunteer ministry, I understand that false or misleading information given in my application or interview(s) may result in discharge.
- I understand, also, that I am required to abide by all rules and regulations of the Diocese of Fort Worth.

***By checking this box and typing my name, I consent that this is my digital signature for this form.***

*If you choose not to sign digitally, please print, sign and turn in to the Church Office.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

As part of the volunteer ministry application, you must also consent to Criminal Background Check evaluation. If you have not already done so, complete an **Authorization for Release for Information** form and submit it along with this application. After this application and background check are evaluated, and interview will be scheduled with the leader of your selected ministry. All volunteers participating in an official ministry in a parish/school are required to attend a **Keeping Children and Youth Safe Session** and agree in writing to abide by the **Diocesan Code of Conduct & Behavior Standards for All Clergy, Religious and Lay Ministers.**