



FY _____

VOLUNTEER INFORMATION SHEET

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home Cell Alternate (optional) _____ Home Cell

Email _____

Volunteer Ministry (s) _____ St. Agnes St. Rose Both

FOR STAFF ONLY BELOW

CORI CHECK: Annual Fiscal Year Requirement June 30 – July 1

- New Volunteer CORI Renewal Volunteer CORI
- CORI Signed Date _____ Staff Initials _____
- RCAB Received Date _____ Staff Initials _____
- RCAB Cleared Date _____ Staff Initials _____

RCAB CODE OF CONDUCT POLICY: One Time Requirement

- RCAB Code of Conduct Policy Acknowledgment Date _____ Staff Initials _____

RCAB VIRTUS TRAINING: One Time Requirement

- Virtus Training (Protecting God’s Children) Date _____ Certificate Staff Initials _____
- Trainer Name and Location _____ In-person Virtus On-Line

SERVSAFE FOOD HANDLER TRAINING: Only applies to Food Preparers. One Time Requirement

- ServSafe Training Date _____ Certificate Staff Initials _____