

## VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Volunteer Ministry \_\_\_\_\_ (See Reverse)

St. Agnes  St. Rose  Both Ministry Lead's Name \_\_\_\_\_

**NEW Volunteer?**  **RENEWAL Volunteer** (Volunteered Last Year)

**EXEMPT ( <18 ) VOLUNTEER?** Under age 18 years? Y  N  If Yes, when will you be 18? \_\_\_\_\_

### EXEMPT ( <18 ) VOLUNTEER REQUIREMENTS:

If you are under 18, you are considered EXEMPT for CORI and VIRTUS training. You must still acknowledge the RCAB Code of Conduct Policy. If you turn 18 during a fiscal year, you are expected to submit a CORI and complete VIRTUS training [www.virtusonline.org](http://www.virtusonline.org)

### ADULT VOLUNTEER REQUIREMENTS:

- Complete a CORI background screening prior to volunteering and annually each July 1st.
- Complete the onetime Virtus "Protecting God's Children" training.  
(See RCAB VIRTUS TRAINING below)
- Read and agree to comply with the Code of Conduct for Volunteers for the Archdiocese of Boston

### RCAB VIRTUS TRAINING: One Time Requirement

Completed Virtus Training (Protecting God's Children "PGC")  Certificate

Date \_\_\_\_\_  Location of Training: \_\_\_\_\_

Will register and complete class before volunteering.

Volunteers can sign up for PGC training by going to [www.VIRTUSonline.org](http://www.VIRTUSonline.org) and following the instructions. Select "Boston, MA (Archdiocese)," fill in the required information then it will give you a series of trainings from which to choose.

**ALL NEW VOLUNTEERS MUST COMPLETE PAGE 2 (ON REVERSE)**

**ALL NEW VOLUNTEERS MUST COMPLETE THIS PAGE:**

Have you performed Volunteer work previously?  Yes  No

If yes, where and what type of work?

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Please tell us why you are interested in this volunteer ministry:

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**MINISTRY: (Please check all ministries you are interested in serving)**

Worship Ministries

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Choir                        | <input type="checkbox"/> Lector                    | <input type="checkbox"/> Eucharistic Minister |
| <input type="checkbox"/> Usher/Collector              | <input type="checkbox"/> Cantor                    | <input type="checkbox"/> Musician             |
| <input type="checkbox"/> Sacristan                    | <input type="checkbox"/> Adult Bible Study Leaders |   |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

Parish Ministries

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Parish Council               | <input type="checkbox"/> Finance Council    | <input type="checkbox"/> Building Committee            |
| <input type="checkbox"/> Money Counters               | <input type="checkbox"/> St. Vincent DePaul | <input type="checkbox"/> Food Pantry/Emergency Help    |
| <input type="checkbox"/> Bread & Roses                | <input type="checkbox"/> Prayer Groups      | <input type="checkbox"/> Adult Faith Formation / OCIA  |
| <input type="checkbox"/> CORUNUM                      | <input type="checkbox"/> Women's Guild      | <input type="checkbox"/> Sons of St Joseph (Men's)     |
| <input type="checkbox"/> Safety Committee             | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Hospitality / Coffee & Donuts |
| <input type="checkbox"/> Adult Service/Mission Trips  | <input type="checkbox"/> Maintenance        |  |
| <input type="checkbox"/> Other (please specify) _____ |   |  |

Youth Ministries

- |  |   |
|--|---|
| <input type="checkbox"/> Religious Education/Faith Formation | <input type="checkbox"/> Altar Server Coordinator |
| <input type="checkbox"/> Youth Group                         | <input type="checkbox"/> Youth Chaperones         |
| <input type="checkbox"/> Youth Service/Mission Trips         |   |

For all Youth Ministries, please provide us with two references. Your references should not be relatives.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



**ARCHDIOCESE OF BOSTON**  
 66 BROOKS DRIVE  
 BRAINTREE, MASSACHUSETTS 02184-3839

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

The Archdiocese of Boston, Office of Background Screening is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, or volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Archdiocese of Boston, Office of Background Screening to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Archdiocese of Boston, Office of Background Screening with written notice of my intent to withdraw consent to a CORI check.

I also understand, that The Archdiocese of Boston, Office of Background Screening may conduct subsequent CORI checks within one year from the date this Form was signed by me. By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PLEASE CHECK ONE:**

- Parish Volunteer
- Parish Volunteer – Ministering to elderly
- Priest       Deacon       Seminarian       Paid Parish Staff       Contractor
- Educator       School Staff       School Volunteer       Contractor

**PLEASE CHECK ONE:**

- Employee - Position/Title: \_\_\_\_\_
- Volunteer - Position/Ministry: \_\_\_\_\_

**PLEASE CHECK ONE:**

- NEW       a FY27 NEW CORI – (I did not complete a CORI last year.)
- RENEWAL       a FY27 RENEWAL CORI – (I did complete a CORI last year.)

NAME OF AGENCY/PARISH/SCHOOL SUBMITTING CORI

**ST. AGNES & ST. ROSE OF LIMA**

PARISH OFFICE  
 22 BOSTON STREET  
 MIDDLETON, MA. 01949

CITY/TOWN

**FY27**

The fields marked with an asterisk (\*) are required by the Massachusetts Department of Criminal Justice Information Services (DCJIS) for CORI processing.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

\* Maiden Name (if applicable): \_\_\_\_\_

\* Former Last Name 2: (if applicable): \_\_\_\_\_

\* Former Last Name 3: (if applicable): \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_ -- \_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**CURRENT ADDRESS**

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

\* Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:  
\_\_\_\_\_

Verified By:

_____	_____	_____
Print Name of Verifying Employee	Signature of Verifying Employee	Date

**VERIFICATION BY NOTARY:**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

(seal)

\_\_\_\_\_  
Notary Public Signature

Acknowledgement of Receipt

Archdiocese of Boston Code of Conduct for Volunteers

This will acknowledge that I have personally received a copy of the Archdiocese of Boston Code of Conduct Policy, and that I have read it, had it read to me, or listened to it on CD or tape. I understand the contents of the Code and agree to comply with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Name of Employer or Name of Archdiocesan Affiliated Organization with which you are serving as an officer, Trustee, director, governor, member, volunteer, etc.:

\_\_\_\_\_

**ST. AGNES & ST. ROSE OF LIMA**  
PARISH OFFICE  
22 BOSTON STREET  
MIDDLETON, MA. 01949