

**ST. BRENDAN PARISH  
MINISTRY OF FAITH FORMATION PROGRAM**

*VOLUNTEER COMMITMENT FORM 2010.11*

As a member of our Parish Ministry of Faith Formation Program, I am aware of my responsibility as a Christian to give service, putting my faith into action. I choose to give of myself, of my time and talent in the following way(s) throughout this catechetical year.

The rewards and blessings are immeasurable...including a 10% discount on Faith Formation fees.

The expectation is that you will honor your commitment as we count on you!

☺ We look forward to working with you in this Ministry. ☺

Please fill out & return this form to the MFF office ASAP.

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preferred number we can reach you during the day? \_\_\_\_\_

\_\_\_\_\_ **YES, I AM AVAILABLE** (complete all that apply) ☺

<b>Shifts</b>	
<b><u>MONDAY ONLY</u></b>	
 <b>Shift A</b> (Gr. 1-6) - 4:30 - 5:45 p.m.	 <b>Shift B</b> (Gr. 1-8) - 6:15 - 7:30 p.m.

<b><u>MINISTRY</u> (MONDAY class time)</b>	<b>Check Preference</b>	<b>Circle Shift Preference</b>
Childcare	_____	(Shift A or B)
Door Monitor	_____	(Shift A or B)
Office Worker	_____	(Shift A or B)
Parking Lot Patrol	_____	(Shift A or B)
Wherever Needed	_____	(Shift A or B)

**Important!!!**

I have attended a **Protecting God's Children Workshop** Yes \_\_\_\_\_ No \_\_\_\_\_

I have a **fingerprint result** on file in the MFF office Yes \_\_\_\_\_ No \_\_\_\_\_

I have the **volunteer application** (last 2 pages of this form) on file Yes \_\_\_\_\_ No \_\_\_\_\_

I have a current **volunteer badge** Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\* If there is a question on the above, please contact the MFF office to be sure. \*\*\*

**PGC & Background check & Volunteer App. (attached) MUST be completed before volunteering.**

Volunteer Badge MUST be worn while volunteering.

**St. Brendan the Navigator  
Volunteer Application Form**

*Please print clearly*

*Dear Volunteer:*

*Thank you for offering your time and talents to work with the children and youth of St. Brendan's parish. Volunteers such as you are indispensable to our programs. Because you will be working with our young people, we require some basic information about you. This assures the best possible programs for our young people. Please fill in the information requested below, and return this form to the chairperson of your ministry or the Parish Office.*

Volunteer Program or Ministry Program Name: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current Employment (position and location) \_\_\_\_\_

\_\_\_\_\_

**NOTE: AT ANY TIME YOU MIGHT BE REQUIRED TO PROVIDE A SET OF FINGERPRINT IMPORESSIONS AND A CRIMINAL RECORDS CHECK MIGHT BE CONDUCTED WITH RESPECT TO YOU. (ORC §109.575)**

**Legal Issues**

- 1) **Have you been convicted of child neglect or abuse of any kind, or a felony?**    no    yes
- 2) **Has your driver's license ever been suspended or revoked?**    no    yes
- 3) **Have you ever been on probation?**    no    yes

**Please explain any 'Yes' answers** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Family Physician (optional) \_\_\_\_\_ Phone \_\_\_\_\_

**REFERENCES**

**(Give full names and daytime telephone numbers)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_



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## Volunteer's Code of Conduct

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of our parish.

### As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at Church activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth or their parents without prior written approval from the pastor or administrator.
- Refrain from giving expensive gifts to children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and [the local Child Protection Services agency]. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.
- Faithfully represent the teachings of the Catholic Church with integrity in word & action.
- Comply with all applicable parish, organizational and/or diocesan policies with special attention to sexual misconduct, safety, transportation, parental permission, and medical emergency policies.

### As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.

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Volunteer's Printed Name

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Volunteer's Signature

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Date