



## St. Bernardine of Siena Youth Ministry

24410 Calvert Street, Woodland Hills, CA 91367

[www.stbernardine.org/youth.htm](http://www.stbernardine.org/youth.htm)

Andrew Gafvert, Program Coordinator

[agafvert@stbernardine.org](mailto:agafvert@stbernardine.org) / (818) 710-1662



### Adult Volunteer Application and Registration Form

#### General Information:

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
First Middle Last ( Nickname / Goes By )

Gender (please circle): Male Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

#### Employment Information:

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

Work Status (please circle): Part Time Full Time Unemployed Retired Work Phone: \_\_\_\_\_  
(please do not list if not okay to call you at)

#### Education:

High School Year Completed

College/University/Trade School Year Completed

Degree Minor (if any)

Graduate School Year Completed

Degree

Other Education Year Completed

Favorite Pastimes/Hobbies: \_\_\_\_\_

**Family Information:**

Marital Status: \_\_\_\_\_ Spouse's Name (If Married): \_\_\_\_\_

Spouse's Religion: \_\_\_\_\_ Children living with you:  
(if any, names and ages)

**Parish Volunteer Experience** (please briefly share any parish ministries you have participated in):

\_\_\_\_\_  
\_\_\_\_\_

**Related Volunteer Experience** (please briefly share any experience you have working with youth, especially teens):

\_\_\_\_\_  
\_\_\_\_\_

**All Other Volunteer Experiences** (please briefly share about any other volunteer experiences you may have had):

\_\_\_\_\_  
\_\_\_\_\_

**References** (please provide two references, non-relatives, who know of your experience with youth, especially teens):

\_\_\_\_\_

Name	Relationship	Phone Number
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\_\_\_\_\_

Name	Relationship	Phone Number
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\_\_\_\_\_

**Please respond to the following questions honestly. Special concerns can be discussed individually.**

Have you ever used illegal drugs?  yes  no

If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever gone through treatment for alcohol or drug abuse?  yes  no

If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

Are you dealing with any mental health issues that could adversely affect your ability to minister to youth?  yes  no

If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a criminal record of any kind?  yes  no

If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

Are you willing to be fingerprinted for a Criminal background check?  yes  no

\_\_\_\_\_

**I hereby certify that the information on this application/registration form is correct to the best of my knowledge.**

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_