

# SAINT AMBROSE CATHOLIC PARISH

929 PEARL ROAD | BRUNSWICK, OH 44212 | 330.460.7300 | WWW.STAMBROSE.US

*Office use only*

Ministry leader please review references, sign and date

Signature and date \_\_\_\_\_

## Volunteer Application

(Please print)

School \_\_\_\_\_ PSR \_\_\_\_\_ CYO \_\_\_\_\_ FIAT/Youth Ministry \_\_\_\_\_ Other \_\_\_\_\_  
(Volunteer-please check area(s) that you are involved in)

Volunteer Position(s): \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

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

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number \_\_\_\_\_

Have you ever filed an application for either employment or volunteer work at St. Ambrose Church?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date: \_\_\_\_\_

Have you ever been employed by St. Ambrose Church? Yes \_\_\_ No \_\_\_ If yes, give dates \_\_\_\_\_

Are you employed now? Yes \_\_\_ No \_\_\_ May we contact your present employer? Yes \_\_\_ No \_\_\_

Current employer: \_\_\_\_\_

List any activities that would aid us in determining your qualifications to be a volunteer: \_\_\_\_\_

**PRIOR ADDRESSES:** Please list your previous addresses, starting with the last address before your present one, if less than 5 years at current address

1. From \_\_\_\_\_ to \_\_\_\_\_  
Number Street City State Zip

2. From \_\_\_\_\_ to \_\_\_\_\_  
Number Street City State Zip

*Jesus Christ is Everything for Us*



**EDUCATIONAL AND PROFESSIONAL TRAINING**

Level of Education      School/University      State      Field of Study      # Years Attended      Type of Degree

Elementary School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Highest degree attained: \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Please list any diocesan or parish catechetical training you have received \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Also include current or past volunteer activities.

1. Employer/Organization      Telephone      Dates Employed      Work Performed

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer/Organization      Telephone      Dates Employed      Work Performed

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer/Organization      Telephone      Dates Employed      Work Performed

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize relevant special skills, qualifications, licenses, and registration certificates that you may have:

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

**PERSONAL AND PROFESSIONAL REFERENCES** (three required; no relatives, please)

*\*One reference may be a member of the St. Ambrose Pastoral Staff if you have been a registered member for more than one year.*

Name & Occupation	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you possess a valid Ohio driver's license? Yes \_\_\_ No \_\_\_ License No. \_\_\_\_\_

Have you ever been convicted of, found guilty of, or entered a plea of no contest or guilty to any crime, other than a minor traffic offense? Yes \_\_\_ No \_\_\_

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

**APPLICANT'S STATEMENT**

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration as a volunteer at St. Ambrose Catholic Church and may result in my dismissal if discovered at a later date.

I understand that the parish may want to verify the statements I have made in this application. I hereby give my permission for St. Ambrose Church or its authorized representative, either at this time or at any time during my volunteer service with the parish, to request and review any of my employment, court, or police records from any local, state, or federal agency keeping such records.

I consent to and permit authorized agents of St. Ambrose Church to conduct a background check and investigation including, but not limited to, a criminal background check. This investigation may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be used in determining my suitability to work with the children at St. Ambrose Church. I release such persons and organizations from any legal liability in making such statements. I release the Diocese of Cleveland, St. Ambrose Church, and their agents from any and all liabilities, responsibilities, damages, and claims of any kind whatsoever arising from any investigation of my background.

I will subscribe to and actively promote the mission, dogma, and principles of the Roman Catholic Church. I understand that I am required to abide by all rules and regulations of St. Ambrose Church.

I have read, understand, and by my signature consent to these statements.

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

\_\_\_\_\_  
Date

**SAINT AMBROSE ATHLETIC BOOSTERS  
SPORT COACHES/PROGRAM DIRECTORS ONLY**

**Sport Year Season** \_\_\_\_\_

**Sport Program** (indicate boys or girls) \_\_\_\_\_

**Grade** \_\_\_\_\_

**Position** Applying for (circle)    Head Coach    Assistant Coach    Program Director

**Your Home Parish** \_\_\_\_\_

**Are you a certified CYO coach?** \_\_\_\_\_ **Month/Year** \_\_\_\_\_  
(6 hour orientation training through CYO Athletic Department)

**Online Concussion training:** Date of Completion \_\_\_\_\_  
(Please attach a copy of certificate)

**FOOTBALL ONLY:** USA Football Coaching Course certification date \_\_\_\_\_  
(Please attach a copy of certificate)

**Do you have children in St. Ambrose Athletic Boosters sport programs?** \_\_\_\_\_

**Have you coached CYO or other youth sports?** \_\_\_\_\_  
**If yes, please list sport, organization, position, and years coached:**

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

**Have you ever been disciplined or removed by another parish, program or organization?** \_\_\_\_\_ **If yes, please explain.** \_\_\_\_\_

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

By my signature below, I certify that the above answers are accurate and true to the best of my knowledge. I agree to abide by the Boosters Constitution, CYO Athletic Department rules and league rules in the execution of coaching/program director duties. I will comply with the Code of Conduct of the Boosters and CYO. I understand that to coach/direct, I must be approved by the Boosters Executive Board and am required to attend Virtus training, have a background check performed and attend a CYO required 6 hour coaches' orientation training **prior to** becoming a coach/director. I grant my permission to release results of information obtained during my application process to St. Ambrose Parish and/or the Diocese of Cleveland, as required. I understand that as a volunteer coach, the Boosters have the right to end my coaching/directing position, despite satisfactory performance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_