



Capuchin Youth & Family Ministries
781 Route 9D, P.O. Box 192
Garrison, NY 10524

Volunteer Application

Date of Application: _____

Name: _____
First Middle Last Maiden Name

Current Address:

Number & Street (No PO Box) City

State Zip Number of years at address

Prior Address:

Number & Street (No PO Box) City

State Zip Number of years at address

Date of Birth: _____ **E-Mail Address:** _____

Telephone Numbers:

Day (optional) Night Cell (optional)

Parish: _____
Name of Parish City/Town

Are You Registered? ___Yes ___No How many years? _____

Do You volunteer in your parish:? ___Yes ___No

In what capacity? _____

Adult Volunteer Service

CYFM relies on our dedicated volunteers to support the many programs we offer to our youth and their families. We offer a variety of ways adults can serve in our ministry. Please check the service(s) you are interested in performing for CYFM.

DDA Retreats:

DDA Adult Team DDA Leadership Spiritual Director
 I would like to help in updating the DDA Retreat (Talks, Prayer Services, Dynamics)

Kitchen Palanca:

Kitchen Supervisor Head Cook Cook Support
 Cook for Appalachia Send Off

Music Ministry:

Retreat Music Ministry DDA Closings Special Events
Musical Instrument I Play _____
 I can sing I can help plan liturgical dance

Office Help:

Mailings DDA Binders Other

Special Events:

Thanksgiving Dance Advent Family Prayer Service
 Dance Marathon Family Festival Other

Development and Fundraising:

Development committee Special Fundraising Events

Other:

Gifts and talents I would like to share with CYFM to support their ministry and mission

Safe Environment

Have you had a background check through an Arch/diocese?

Yes No

If yes, which Arch/diocese & Parish? _____

Have you received Virtus Training?

Yes No

If yes, which training did you receive? Please check one.

Protecting God's Children* (3 to 3½ hour program)

Safer Spaces (½ to 1 hour program)

*The Protecting God's Children training is required for all CYFM Volunteers.

Virtus Training (cont'd.)

Through what parish or organization? _____

Month and year of training _____

Please forward to CYFM a print out of the "Instructor Led Training" page from your Virtus online account as verification of attendance.

Have you received the CYFM Safe Environment Seminar?

_____Yes _____No

If yes, month and date of training _____

I understand that to be a volunteer at Capuchin Youth and Family Ministries I must have a background check and complete the Virtus training. If I have checked "Yes" to the above questions, I give permission to the Executive Director of CYFM to verify this information. If I have checked "No" I give permission to the Executive Director of CYFM to perform a background check and I will complete the Virtus training at the earliest possible time.

Signature _____

Photo Release Form

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth and Family Ministry or anyone authorized by Capuchin Youth and Family Ministry, of any and all photographs taken at any CYFM events for any publicity purpose, without compensation. CYFM reserves the right to use these photographs in any of its print or electronic publications. All images – electronic or negatives and positives, together with the prints – are owned by CYFM. I hereby warrant that I have read and understood the terms of this release.

Signature _____

Social Security Number: _____
(Required only if CYFM needs to do background check)

Any allergies or medical concerns we should be aware of: _____

Do you have any dietary requirements, please indicate: _____

Emergency Contact & Phone Number: _____
