

# DIOCESE OF OFOAKLAND – CATHOLIC YOUTH ORGANIZATION VOLUNTEER APPLICATION

**PLEASE PRINT LEGIBLY OR TYPE. DO NOT LEAVE ANY BLANKS**

Last Name	First Name	Middle Name	
Street Address		City / Zip Code	
Home Phone	Work Phone	Cell Phone	Email
Date of Birth (M/D/Yr)			Parish

**DRIVERS LICENSE INFORMATION**-Because you may be driving minors to events, please provide the following information.

State	License Number	Class	Expiration Date
Insurance Carrier	Policy Number	Amt of Liability Coverage	Amt of Medical Coverage

**NOTE:** Diocesan insurance regulations require that drivers are over 21 years of age (preferably over 25); provide evidence of a valid, unrestricted drivers license; produce evidence of minimum liability insurance coverage of \$100,000 per person, \$300,000 accident. All passengers must wear a seat belt and no more than nine persons may be transported in one vehicle.

**EMPLOYMENT HISTORY** - Begin with present or most recent position

From:  Through:	Title:  Duties:	Employer:  Address:  Phone:
From:  Through:	Title:  Duties:	Employer:  Address:  Phone:

**REFERENCES** Please list two references who can attest to your work with young people. Exclude employers and relatives.

Name  Address  City, State, Zip	Phone Numbers  Home  Work
Name  Address  City, State, Zip	Phone Numbers  Home  Work

**CONVICTIONS** - Conviction of a crime is not necessarily a bar to volunteer employment. Each case is considered separately. Conviction of a sexual crime will bar you from volunteering in youth programs in the diocese.

1. Have you ever been convicted by any court of a criminal offense? (Circle) Yes No  
Omit: a. Minor traffic violations;  
b. Any offense committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;  
c. Any incident sealed under Welfare & Health Institutions Code #781 or Penal Code #1203.45.

2. If the answer to 1. is "Yes," state what offense, when, where, and disposition of case:

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3. Have you ever abused or been convicted of having abused a child, sexually or otherwise? Yes No  
Please explain. Include dates and disposition of legal proceedings against you.
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### GENERAL INFORMATION

Have you coached CYO Sports before? \_\_\_\_\_ If yes, list sports, dates, grades and parishes: \_\_\_\_\_

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Have you coached other youth sports before? \_\_\_\_\_ If yes, list sports, dates, grades and organizations \_\_\_\_\_

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Have you worked with youth previously in programs other than sports? \_\_\_\_\_ If yes, list \_\_\_\_\_

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Are you certified in Red Cross First Aid? \_\_\_\_\_ CPR? \_\_\_\_\_

Have you ever been disciplined or removed by another parish program, or by any other youth-serving organization? \_\_\_\_\_ If yes, please detail: \_\_\_\_\_

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Please state why you wish to volunteer \_\_\_\_\_

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### CERTIFICATION AND SIGNATURE

I certify that the above answers are accurate and true to the best of my knowledge and belief. I authorize investigation of all statements contained in this application for volunteer employment as may be necessary in arriving at a volunteer employment decision.

I will agree to abide by all CYO rules and policies, the CYO Code of Conduct, and the directions of CYO officials. I understand that to volunteer, I must be accepted by the parish organization and complete Diocesan Coaches Certification requirements.

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