

Blessed Sacrament Catholic Church
Volunteer Form

Volunteer Information

Name: _____

Street Address: _____

City _____ State: _____ Zip: _____

Home phone _____ Cell Phone: _____

Email Address: _____

Occupation: _____

- Please check one: I have completed (and turned in as necessary) the Diocese of Orlando Safe Environment Program and Fingerprint process
- I have verified that my Diocese of Orlando Safe Environment Program and Fingerprints *are still current* (must have been completed within the past 5 years)
- Does not apply to my volunteer position at the present time

Please note at the present time only those who are working in direct contact with the vulnerable population and those who are working with finances or handling money will need to complete the Safe Environment program.

Household Information, Emergency Contact Information and Medical Release:

Spouse or Other Immediate Relative Contact Name: _____

Work phone: _____ Cell Phone: _____

In case of emergency, and spouse or other immediate relative are unable to be reached, please contact:

(1) Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

(2) Name: _____ Relationship: _____

Home phone: _____ Cell Phone: _____

Application Authorization:

I have read and understand the above information. The information that I have given to Blessed Sacrament Catholic Church is accurate and true to the best of my knowledge. My enclosed signature signifies my approval of all information listed above.

Signature of Volunteer: _____

Date: _____