



Saint Augustine Church

2486 West 14th Street
Cleveland, Ohio 44113
(216) 781-5530
StAugCh@earthlink.net
www.StAugustineCleveland.org

VOLUNTEER APPLICATION

Volunteer Activity applied for: _____

Name _____ Email _____
Last First Middle

Address _____
Number Street City State Zip

Home Phone (_____) _____ Mobile (_____) _____

Emergency Contact _____ (_____) _____
Name Phone Number Relationship

If you have lived in Ohio for less than 5 years, please provide your address prior to moving to Ohio:

From _____ to _____
Number Street City State Zip

Were you ever convicted of a crime other than a minor traffic offense? : Yes No

If yes, please specify: _____

Applicant's Statement: (read before signing)

I certify that the answers given in the application are true and complete to the best of my knowledge. I understand that any willful omission, or any falsification or misrepresentation of the information provided on this application is sufficient cause for rejection of my application or termination of my volunteer activity. I understand that this application is not and is not intended to be a contract of employment.

I authorize all persons, investigation agencies, business organizations, schools, companies, corporations, employers, and any law enforcement agencies to supply the Diocese of Cleveland and St. Augustine Church any information concerning my background. I release and forever waive and discharge the Diocese of Cleveland, St. Augustine Church, and their agents from any and all liabilities and responsibilities, damages, losses, and claims of any kind whatsoever arising from the investigation of my background. I understand, also, that in my role as volunteer, I am required to abide by all the rules and regulations of the Diocese of Cleveland and St. Augustine Church.

Signature of Applicant: _____ Date: _____