

REQUEST TO VOLUNTEER SERVICES

GOOD SHEPHERD CATHOLIC PARISH

506 North Garden Street * Visalia, CA 93291 * (559) 734-9522 * www.gscparish.org

Mission Statement – *To unite members to know, love, and serve God through prayer, spiritual growth, and acts of charity; sharing their gifts, talents, and treasures.*

NOTE: Volunteers who serve are required to meet all applicable Safe Environment requirements of the Diocese where minors may be present and as required by the Parish. In addition to completing this document other requirements include: Background Check, Fingerprinting, Safe Environment Training, and the agreement with signature of the Diocese’s Code of Conduct.

First Name _____ Last Name _____ Are you over 18? Y N

Address _____ City _____ Zip _____

Email (if used) _____

Phone (C) _____ (H) _____

Home Parish _____ City _____

Emergency Contact _____ Relationship _____ Phone _____

Personal Reference _____ Relationship _____ Phone _____

List all ministries where you currently volunteer or participate:

Mark location(s) where you currently volunteer GMC Bethlehem Center GSCP Church and/or facility

List other ministries/areas you are interested in serving?

Do you have additional knowledge, skills and/or abilities you would like to share to assist our parish?

- Clerical Music/Choir Leadership Teaching Hospitality/Greeting Data Entry Translating Accounting
- Event Planning Maintenance/Construction Landscape Sewing/Care of Fabrics Decorating/Environment
- Working with Children Website Other _____

I am volunteering my time and services without any present or future expectation of payment/compensation of any kind. I acknowledge that my selection as a volunteer is not a job offer and does not constitute an employment relationship. As such, I am under no obligation as to time, duties or resources other than what I freely choose to provide to the Diocese of Fresno, any church, school, or entity owned/operated by the Diocese of Fresno.

I understand and agree that the completion of the Request to Volunteer Services and its submittal does not guarantee that I have been selected, or will be selected, to serve as a volunteer with Good Shepherd Catholic Parish or the Fresno Diocese.

X _____
Volunteer (PRINT NAME)

X _____
Recipient Name and Title/Position (PRINT)

X _____
Volunteer Signature

X _____
Recipient Signature

Date

Date received

Checklist for live Scan

- Call/make appointment to be Live Scan/fingerprinted. Appointments are not needed, but recommended. Walk-ins are taken between 8am-11am and 1pm-4:30pm. Please note: People who walk-in without an appointment will be assisted after the pre-scheduled appointments are completed.

Visalia Sheriff
833 South Akers
Visalia CA 93277
559-636-4724
(use the North entrance)

- Fill out Live Scan form.
- Go to the appointment and take your completed Live Scan form with you.
- Pay the Sheriff's fee and make sure you get a receipt (reimbursement will not be given without original receipt). The current fee is \$14.00 (this is subject to change without notice).
- The Sheriff will keep one copy of the Live Scan application. They will return to you the remaining two copies (one copy is for your records and one copy for you to return to the Safe Environment Department at the Parish Office.)
- Completely fill out the check request form and sign it.
- Return the completed check request form, original receipt and one copy of the Live Scan application to the Parish Office and make sure it's returned to the Safe Environment Department.

Please allow 3-4 weeks for check request to be processed and mailed.

Applicant Submission

ORI: A3401 Type of Application: Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Diocese of Fresno - Church

Agency authorized to receive criminal history information

07640

Mail Code (five digit code assigned by DOJ)

1550 North Fresno Street

Street No. Street or PO Box

Daniela Charley

Contact Name (Mandatory for all school submissions)

Fresno, CA 93703

City State Zip Code

(559) 493-2851

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: Male Female

Misc. No. **BIL** - _____
Agency Billing Number

Height: _____ Weight: _____

Misc. No. _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or PO Box

Place of Birth: _____

City, State and Zip Code

SOC: _____

Your Number: #173 Good Shepherd Catholic Church
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected / Billed _____



506 N. Garden St.

Visalia CA 93291

Phone: (559) 734-9522

FAX: (559) 734-3435

Check Request Form

Make Check Payable to:

Date: _____

Phone: _____

(Circle one) =>

SM

HF

ST

SC

Description	Account Number	\$ Amount
Chart of Accounts <i>Safe Environment</i>	_____	\$ 14.00
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested by: _____

Total Requested: _____

Explanation: _____

_____ Receipt(s) attached
_____ No receipt(s) attached

_____ Please return check to requestor
_____ Please mail check

Requestor's Signature: _____

Authorized approval by: _____

Signature & Ministry / Department

Form must have both signatures.