



Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_ Ref. Checked \_\_\_\_\_ Date \_\_\_\_\_

**All volunteers who have regular contact with minors must complete this application, attend a “Protecting God’s Children”™ Awareness Session, and complete Virtus training.**  
**If you have regular contact with minors you will also be required to submit fingerprints.**

I understand that:

The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless from liability in appropriately utilizing this application information, parish, school, the Roman Catholic Bishop of Reno and the officers, directors, employees and volunteers thereof. I affirm the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Reviewer’s notes: Authority at volunteer location is to review and sign questionnaire.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of authority

\_\_\_\_\_  
Date