



Missionary Application Form

Caritas in Veritate International is pleased that you are discerning to serve as a Missionary. The role of a Caritas in Veritate Missionary is to bring the compassionate love of Christ to both body and soul. To assure the highest standards of service for those we serve, and to insure that our mission to bring the love of Christ is maintained at every level, we ask all missionaries to complete this form in addition to completing the Safe Environment Training as required by their local Diocese.

MAIN APPLICATION				
Last Name	First Name	Middle Initial	Date of Birth	Social Security #
Street Address	City	State	Zip	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Length at address _____ Years _____ Months If you have resided at this location less than 5 years, if more than three, list additional previous addresses on last page of application. Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Most Recent Previous Address		City	State	Zip
Additional Previous Address		City	State	Zip
Home Telephone Number	Cell Phone Number	<input type="checkbox"/> I am a current volunteer since (Date) _____ at (Parish/School/Organization): _____ <input type="checkbox"/> I am a new volunteer		
E-mail Address				

QUESTIONNAIRE		
Please specify your parish/organization of registration. (Membership is not defined by attendance but by actual documented registration only.) Leave blank if you are not a member of a specific parish or organization. Name of Parish: _____ Length of parish/organization membership: _____ Yrs ____ Months	Have you served as a missionary before? When and where? _____ _____ _____	Are you interested in short or long term missionary work why? <input type="checkbox"/> Both <input type="checkbox"/> Short <input type="checkbox"/> Long _____ _____ _____
1. Briefly describe what gifts and talents God has blessed you with?		
2. What interests you about being a missionary?		
3. What has prepared you to serve as a missionary?		

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EDUCATION				
Please List Degrees Received, Graduation Dates, and Institutions Attended	High School	College	Other	
EMPLOYMENT <input type="checkbox"/> Check here if you are not currently employed.				
Current Employer:		Position	Years employed	
Street Address		City	State	Zip
VOLUNTEER HISTORY <input type="checkbox"/> Check here if you do not have volunteer history.				
Volunteer Position	Organization	Start date	End date	Duties
Street Address	City	State	Zip	
Contact Person / Title	Contact's Phone Number	Contact's e-mail address		
Volunteer Position	Organization	Start date	End date	Duties
Street Address	City	State	Zip	
Contact Person / Title	Contact's Phone Number	Contact's e-mail address		
Volunteer Position	Organization	Start date	End date	Duties
Street Address	City	State	Zip	
Contact Person / Title	Contact's Phone Number	Contact's e-mail address		

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REFERENCES				
(A minimum of 3 required. If residing in Diocese of Phx less than 3 years, a minimum of 2 references must be from previous location.)				
Reference Name: First, Last	Address (City State Zip)	Daytime Phone Number	How long have you known this person?	Has this person agreed to be a reference?
Professional/Civic				<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal				<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal				<input type="checkbox"/> No <input type="checkbox"/> Yes
Family Member				<input type="checkbox"/> No <input type="checkbox"/> Yes
Family Member				<input type="checkbox"/> No <input type="checkbox"/> Yes
BACKGROUND CHECK INFORMATION				
Have you changed your last name in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was name change due to a marriage/divorce? <input type="checkbox"/> Yes <input type="checkbox"/> No What was your previous last name? _____				
Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain _____				
Indicate if you have ever been arrested, indicted, awaiting trial or have ever admitted to committing a misdemeanor or felony. If yes, please list the offense, date, jurisdiction and outcome. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any outstanding warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
At any time during the past 5 years have you lived in a different state (within the United States). If yes, what state did you live in? _____				
Driver's License (if applicable): State _____ Number _____				
FOUNDATION SAFE ENVIRONMENT TRAINING CLASS, LOCATION AND DATE				
Date _____ Location _____				
DECLARATION – Please read each statement and <u>initial</u> on the lines below (Do not make check marks).				
(initials only) _____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.				
(initials only) _____ I understand that a background check may be conducted prior to and during my service. I authorize investigations of all statements contained in the application.				
(initials only) _____ I agree to observe all the guidelines and policies as stated by Caritas in Veritate International and Caritas in Veritate US for the program in which I am applying.				

***** DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**



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Applicant Signature: _____ **Date:** ____/____/____

Trainer Review

I have reviewed the applicant document and verify applicant completed training and initialed the declaration statements.

Trainer Initials: _____ Date: ____/____/____

Screening Committee

I have reviewed the applicant document and have highlighted missing or incomplete information.

Screening Committee Member Signature: _____ Date: ____/____/____