



# Y M Volunteer INFORMATION/MEDICAL FORM *Bellarmino Chapel*

**VOLUNTEER**

Name \_\_\_\_\_ Male or Female  
last first middle name commonly used

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
street city zip

e-mail address \_\_\_\_\_ Birth date \_\_\_\_\_ Cell phone: \_\_\_\_\_  
D/M/Y

At Home or Work \_\_\_\_\_ Wk. phone: \_\_\_\_\_  
Circle one Name and location of Business Is it OK to call at work? Yes No

Medical Information: Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes, etc.) \_\_\_\_\_

\*\*\*  ATTACH A COPY of your INSURANCE CARD Last Tetanus shot \_\_\_\_\_ Other info. that would

help to assist you in an emergency \_\_\_\_\_

\_\_\_\_\_ Soc. Security # \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name hm. phone Work or cell phone Relationship to you

**INTERESTS and TALENTS:**  Driver (vehicle will hold # of people \_\_\_\_\_)  Cook  Office Work

Retreats  Road Trips  Leadership/Training  Music  Liturgy  Sports  Computer

Carpentry  Finding or being a Speaker  Catechist  Special Guest  Games/Icebreakers  Service Projects

Other Events or Opportunities \_\_\_\_\_  Sewing  Jr. High  Senior High

Youth Ministry - Previous Experience, if any? Beginner 1-2 years 3-9 yrs 10yrs. or more \_\_\_\_\_



Volunteer or work experience Parish/Catholic School/Campus Ministry/Social Action Agency/Service Agency /Pertinent Other: \_\_\_\_\_

Current Spiritual Self-Assessment + Journey High+Low-lights \_\_\_\_\_

Discipline approaches \_\_\_\_\_

Training Leadership+lor Communication Skills \_\_\_\_\_

OFFICE USE ONLY			
Child Protection Training	Y	N	FingerPrinting
date			date

Joys/successes /Comments \_\_\_\_\_

Can continue on the back of page