



YOUTH WORKERS REGISTRATION FORM



PERSONAL DATA

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Parish: HOLY TRINITY, AMBRIDGE, PA Metropolis: Pittsburgh Parish Priest: Fr. Anastasios Athanasiou

Driver license number: State, Expiration Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Are you legally eligible to work in this country? [ ] Yes [ ] No

Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Please list your addresses in the past five years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you ever been accused of physically, sexually or emotionally abusing a child or an adult?

[ ] Yes [ ] No If yes, please explain below

**Acknowledgement, Release and Signature:** To the best of my knowledge, the information contained in this Standard Registration is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen. I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize the Greek Orthodox Archdiocese of America to request and receive such information.

Nothing contained in this Standard Registration or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and Holy Trinity Greek Orthodox Church for either employment, volunteering, or the providing of any benefit.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.**

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_