**Volunteer Application & Pastor Consent for Youth Ministry**

Before beginning to serve as an Adult volunteer for the Catholic Committee on Scouting for the Archdiocese of Los Angeles (CCSALA) in any volunteer capacity, please complete this consent form and email to Lori.Sorensen@ccsala.org

This form must be approved and dated NO GREATER than three months prior to initiating your volunteer activity by the Pastor or Safe Environment Administrator at the Parish where you received your LiveScan or where you have transferred your LiveScan record to.

**Adult Volunteer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Date: |       |
|  |  |  | (MM/DD/YYYY) |
| Address: |       |
| City: |       | State: | CA | ZIP: |       |
| Phone Number:(XXX) XXX-XXXX |  |       |  |       |  |       |
|  |  | Home |  | Business |  | Cell |
| Email Address: |       |
| Date of LiveScan: |       | Date of Virtus Training Certificate: |       |
|  | (MM/DD/YYYY) |  | (MM/DD/YYYY) |

**Parish Endorsement**

I hereby certify that the above named person is a member of my parish, has received LiveScan, is current in VIRTUS training, and that I have no objection to his/her functioning as a youth minister to youth in the Catholic Committee on Scouting for the Archdiocese of Los Angeles programs.

If for any reason I later want to rescind this certification, I will contact the CCSALA Committee Chair (Maureen Brown at 323-255-3824 or mab4swim@aol.com).

|  |  |  |  |
| --- | --- | --- | --- |
| Pastor’s Signature: |       | Date: |       |
| (or designee) |  |  | (MM/DD/YYYY) |
|  |  |
| Pastor’s Name (please print): |       |
| Parish Name: |       |
| City: |       | State: | CA | ZIP: |       |
| Phone Number: |       |
|  | (XXX) XXX-XXXX |

***Place Parish Seal Here***