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|  | <h1>Bureau of Corrections</h1> | Document Reference Code NBP-PR-011-F107 | |
| | | Revision No. 0 | Effectivity Date 01/05/2018 |
| RELIGIOUS VOLUNTEER ORGANIZATION APPLICATION FORM | | Page 1 of 3 | |

1. Name of Applicant: _____

(First)
(M.I.)
(Last)
2. Church/Faith/Denominational Affiliation: _____
3. Residence: _____ Tel. No. _____
4. Present Occupation/Job Position or Rank: _____
5. Office Address: _____ Tel. No. _____
6. Date of Birth : _____ Age: _____ Sex: _____ Hgt: _____ Wght. _____
7. Place of Birth: _____
8. Civil Status : _____ Nationality : _____
9. Name of Spouse : _____ No. of Children : _____
10. Name of Parents : _____

11. EDUCATIONAL BACKGROUND :

| | SCHOOL | COURSE FINISHED | YEAR FINISHED |
|-----------------------------------|--------|-----------------|---------------|
| Elementary | _____ | _____ | _____ |
| High School | _____ | _____ | _____ |
| Vocational/Technical | _____ | _____ | _____ |
| College: | _____ | _____ | _____ |
| Others (Theological Degree, etc.) | _____ | | |
| | _____ | | |

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12. RELIGIOUS FORMATION

| Courses/Seminar/Training: | Place | Inclusive Dates |
|---------------------------|-------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

13. Involvement in Organizations (Social, Economic, Religious, Education, etc.)

14. Language/Dialects Spoken: _____

15. Skills, Talents, etc. : _____

16. NATURE OF RELIGIOUS VOLUNTEER WORK YOU INTEND TO ENGAGE : (Pls. check)

17. FREQUENCY OF MINISTRY :

Full – time Regular/Part-time Occasional
 _____ x / week _____ x / month _____ x/ year
 Day (s) _____ Time: _____ AM/PM


18. PROGRAM AREA OF MINISTRY : (Pls. Check)

- Worship/Prayer Service/Liturgical/Para-Liturgical
- Formation/Education
- Social Service
- Guidance & Counseling
- Special Programs
- Others (Pls. specify) _____

I HEREBY CERTIFY TO THE CORRECTNESS OF THE ABOVE-MENTIONED INFORMATION.

Signature of Applicant

Printed name of Applicant

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Application Date _____ Place: _____

RECOMMENDED BY:

(Chaplain/Authorized Designee)

APPROVED:

RGA/CHIEF CHAPLAIN/AUTHORIZED
Designee

(N.B. – Pls. use additional sheet(s) if necessary. Waiver CS FORM 04 & Proposed Program of Activities/CS Form 05 must be attached hereto. ID will be issued upon approval.)

In Case of Emergency notify:

Name: _____

Address/Tel: _____