



SOVEREIGN MILITARY HOSPITALLER ORDER OF  
SAINT JOHN OF JERUSALEM OF RHODES AND OF MALTA  
AMERICAN ASSOCIATION, U.S.A.

**Volunteer Application**

Area \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Name of Business \_\_\_\_\_ Profession \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Business Email \_\_\_\_\_

Name of High School \_\_\_\_\_ Class of \_\_\_\_\_

Name of College \_\_\_\_\_ Class of \_\_\_\_\_

Religion \_\_\_\_\_

Single or Married? \_\_\_\_\_

Order of Malta Sponsor \_\_\_\_\_ Order of Malta Area Chair \_\_\_\_\_

Current or Future Malta Activities

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**I HEREBY CERTIFY THAT I HAVE NOT AND WILL NOT MAKE PUBLIC STATEMENTS, EITHER OFFICIAL (e.g., PRINTED NEWS) OR UNOFFICIAL (e.g., SOCIAL MEDIA), THAT COULD BE INTERPRETED AS CRITICAL OF OR OPPOSED TO THE TEACHING OF THE ROMAN CATHOLIC CHURCH ON MATTERS OF FAITH AND MORALS. I AUTHORIZE THE AMERICAN ASSOCIATION TO COMPLETE A BACKGROUND CHECK AND AGREE TO COMPLETE THE SAFE ENVIRONMENT TRAINING WHICH WILL BE PROVIDED ONCE MY APPLICATION HAS BEEN APPROVED.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Recommendation

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Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_



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**PLEASE READ:** All members of the American Association are required to have a criminal background check and complete some type of Safe Environment Training Program, either through the Archdiocese of New York as a candidate or your local diocese. If approved, candidates will need to provide their social security number to the NY Office in order for us to complete a criminal background check. They will receive instructions on how to do so when they are approved.

Area Chair Review

Approve  Reject

Area Chair Comments

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Area Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions**

**Applicant:** Complete the application by providing all requested information, sign the form, and send the form to your sponsor so they can complete their section.

**Sponsor:** Complete the Sponsor Recommendation at the bottom of page 1 of the application, providing details as to why you believe the application should be approved and sign the form. Once signed, please forward the completed application to the Area Chair and Chair of the Affiliates Committee

**Area Chair:** Review the application / sponsor recommendation and indicate approval or rejection. If rejecting, please be specific in the Area Chair Comments section as to why the application was rejected. Once signed, please forward the completed application to to Kendrick Murisi ([kmurisi@orderofmaltaamerican.org](mailto:kmurisi@orderofmaltaamerican.org)).