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

_____

_____

Sponsor Signature _____ Date _____

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

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.

Please provide information regarding any criminal convictions, pending criminal matters, or existing orders of protection.

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 Angela Castronova (acastronova@orderofmaltaamerican.org).