

Volunteer Information Form - Appendix D

All volunteer leaders and volunteers will need to undergo a screening process before serving in ministries or programs in the Archdiocese. For complete information, please refer to Volunteer Management Policy No. 361

Volunteer Name:			
Address:	Street Address		City / Province / Postal Code
Phone Numbers:	Daytime	Evening	Cell
E-mail address:			

Parish/Camp/Office/ Other Organization:			
Ministries / Programs			
Position Titles			

Motivation: Briefly describe your interests/motivation in applying for these roles.			
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Related Experience:	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		
	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		
	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		

Volunteer Information Form cont'd

Emergency Contact:			
Phone Numbers:			
	Daytime	Evening	Cell
Relationship:			

Declaration:

I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is the property of the Archdiocese including its offices, parishes, camps, or other approved organizations, Newman Theological College or St. Joseph Seminary. I further understand that my contact information will be given to the appropriate ministry or program leader.

I understand that as volunteer of the office, parish, camp or approved organization, I will be expected to comply with the Volunteer Management Policy No. 361 and be faithful in honouring my volunteer commitments.

I also understand that should I fail to comply with the Volunteer Management Policy or fail to keep the commitment related to the ministry or program, my participation will be re-evaluated. I understand the contents of this Volunteer Information Form.

Signature of Volunteer

Date / Month / Year

Name of Volunteer

For Applicant under 18 years of age.

Name of Parent/Guardian

Relationship to Volunteer

Signature of Parent/Guardian

Day / Month / Year

Medium/High Risk - Supplemental Volunteer Information Form - Appendix D2

Specific Experience Working with Vulnerable Persons:	
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Specific Training Working with Vulnerable Persons:	
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References:	Provide three names and contact information		
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			

Please Initial

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I agree to comply with obtaining a Police Information Check (PIC)/Criminal Record Check (CRC) before I participate in any medium/high-risk ministry or program positions.

I authorize the volunteer screening coordinator or designated individual to contact the references that I have provided on this Volunteer Application Form in order to collect the information that is appropriate to the position. I understand the information obtained will be confidential.

For those working with children under the age of 18 in their ministry:

I also agree to comply with obtaining an Intervention Record Check as per the Child, Youth, and Family Enhancement Act before I participate in a higher-risk ministry position with youth.

