

## 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

<b>Volunteer Name:</b>		
<b>Phone Numbers:</b>	Daytime/evening	Cell
<b>E-mail address (required):</b>		
<b>Date of Birth:</b>	YYYY-MM-DD (optional)	YYYY-MM-DD (mandatory for under 18)

<b>Parish/Camp/Office/ Other Organization:</b>			
<b>Ministries / Programs:</b>			
<b>Position Titles:</b>			

<b>Motivation:</b> Briefly describe your interests/motivation in applying for these roles.			
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<b>Related Experience:</b> <i>(if applicable)</i>	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:			
	Name	Phone number	
Address:			
	Street	City/province	Postal Code

### 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

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Day / Month / Year

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

<b>Specific Experience Working with Vulnerable Persons:</b>	
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<b>Specific Training Working with Vulnerable Persons:</b>	
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<b>References:</b>	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.*

