

VOLUNTEER APPLICATION

Parish Name : _____ Town : _____
How long have you been a member of this parish ? _____

Names : _____

Address : _____

Town : _____ Province : _____ Postal Code : _____

Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

Email : _____

Age : 19 years or older Yes No – Please indicate the month and year of your birth Month : _____ Year: _____

Please provide a contact person in case of an emergency

Name : _____ Relationship to applicant : _____

Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

NEW Volunteer EXISTING Volunteer (which Parish : _____)

NOTE – If you haven't volunteered in more than one (1) year, select NEW Volunteer

POST REQUESTED – HIGH RISKE (If one of these positions is selected, please fill out the other side of this form)

- | | |
|---|--|
| <input type="checkbox"/> Catechist Leader | <input type="checkbox"/> Coordinator or Member of the Parish Screening Policy Committee |
| <input type="checkbox"/> Catechist Assistant | <input type="checkbox"/> Volunteer Moneu Counter (Ex : collections, bingo, bazaar, etc.) |
| <input type="checkbox"/> Hall monitor for Catechesis | <input type="checkbox"/> Coordinator – Money Counters |
| <input type="checkbox"/> Catechesis Coordinator | <input type="checkbox"/> Signing officer on parish bank accounts |
| <input type="checkbox"/> Volunteer – RCIA Team (For youth and adults) | <input type="checkbox"/> Outreach Program Volunteer (Ex : meal deliveries, etc.) |
| <input type="checkbox"/> Children's Liturgy Volunteer | <input type="checkbox"/> Outreach Program Coordinator |
| <input type="checkbox"/> Children's Liturgy Coordinator | <input type="checkbox"/> Volunteer – Extraordinary Communion to Homes or Institutions |
| <input type="checkbox"/> Youth Ministry Volunteer | <input type="checkbox"/> Coordinatory – Extraordinary Communion to Homes or Institutions |
| <input type="checkbox"/> Youth Ministry Coordinator | <input type="checkbox"/> Lay Pastoral Visitor |
| <input type="checkbox"/> Bereavement Team Volunteer | <input type="checkbox"/> Coordinator - Lay Pastoral Visitors |
| <input type="checkbox"/> Bereavement Team Coordinator | <input type="checkbox"/> Guard/Janitor/Elevator Operator |
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Parish Key Holder |

Positions of high risk IF they involve Children or Vulnerable Individuals
<input type="checkbox"/> Choir Volunteer (Ex : Assistant, Musician, etc.)
<input type="checkbox"/> Choir Director
<input type="checkbox"/> Alter Server Coordinator
<input type="checkbox"/> Sacramental Preperation Team Volunteer
<input type="checkbox"/> Sacramental Preperation Team Coordinator
If the position requested IS NOT identified, please write it here :
And present this form to the Parish Screening Policy Coordinator for risk assessment.

I certify that the information provided on this form is accurate and complete. I understand that this information will remain confidential and become property of the Diocese. I also understand that my name and phone number will be provided to the appropriate Ministry Coordinator/Leader so that they may contact me.

Signature : _____ Date : _____

Please complete this side for HIGH RISK positions ONLY

Please provide two (2) unrelated references so that we may verify your suitability for the requested position.
(Ex : friends, neighbors, other parishioners, work colleagues, etc.)

Please remember to notify these people that the Diocese will be contacting them.

1st Reference :

Name : _____ Relationship : _____
 Address : _____ Town : _____ Province : _____
 Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

2nd Reference :

Name : _____ Relationship : _____
 Address : _____ Town : _____ Province : _____
 Tel (home) : _____ Tel (cell) : _____ Tel (work) : _____

(Applicant's Name)

I authorise the Diocesan Screening Policy Committee to contact the references provided on this Volunteer Application Form in order to collect the required information relating to the requested position.

I agree to provide a Criminal Records Check including a Vulnerable Sector Scan before I participate in any high risk position. I understand that only the Diocesan Screening Policy Committee will review this information.

I understand that all the information obtained will be kept confidential, become the property of the Diocese and be kept indefinitely.

Signature : _____ Date : _____

***Please return the completed form to the
PARISH SCREENING POLICY COORDINATOR***

For PARISH SCREENING POLICY COORDINATOR's Use

Coordinator's Name : _____

Signature : _____ Date : _____

For DIOCESE Use

Request received on : _____ Documents sent on : _____
 Training required Yes No Form B received on : _____
 Training followed on : _____ Criminal Check received on : _____
 References concluded on : _____ File Completed and Compliant on : _____