

Parish : _____
Name of parish

Christian Community : _____ **of** _____
Name of Christian Community Name of town or village

Name : _____

Address : _____

Town : _____ **Province :** _____ **Postal Code :** _____

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

Email : _____

Age : 19 yrs + **Yes** **No** – Please indicate the month and year of your birth **Month :** _____ **Year :** _____

Please provide the coordinates of a person to contact in case of an emergency

Name : _____ **Relationship :** _____

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

REQUESTED POSITION – HIGH RISK (please fill out the back of this form)

Position Title : _____

FULL-TIME position

PART-TIME position

STUDENT PROJECT

Start date : _____

End date : _____

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 position

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.)

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 : _____