

Form A

Volunteer Application

2018
Revision

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 a contact person in case of emergency

Name : _____ **Relationship to applicant :** _____

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

NEW Volunteer **Existin Volunteer (Christian Community : _____)**

POSITION REQUESTED – HIGH RISK (If one of these positions is selected, plase fill out the other side of this form)

VULNERABLE SECTOR		FINANCE SECTOR
With MINORS	With VULNERABLE INDIVIDUALS	
<input type="checkbox"/> Catechist	<input type="checkbox"/> Volunteer – Welcome Committee	<input type="checkbox"/> Volunteer – Money Counter <input type="checkbox"/> Coordinator – Money Counters <input type="checkbox"/> Signing Officer of Parish Accounts
<input type="checkbox"/> Catechist or Hall Monitor	<input type="checkbox"/> Coordinator – Welcome Committee	
<input type="checkbox"/> Catechesis Coordinator	<input type="checkbox"/> Extraordinary Minister of Commnion	
<input type="checkbox"/> Volunteer – Children’s Liturgy	<input type="checkbox"/> Coordinator – Extraordinary Min. of Comm.	
<input type="checkbox"/> Coordinator – Children’s Liturgy	<input type="checkbox"/> Volunteer – Visits to the Sick	<p>IF THE POSITION REQUESTED IS NOT IDENTIFIED ON THIS FORM</p> <p>Please identify it below :</p> <hr style="width: 80%; margin: 10px auto;"/> <p>and present your signed form to the Policy Coordinator of your Christian Community.</p>
<input type="checkbox"/> Volunteer – RCIA	<input type="checkbox"/> Coordinator – Visits to the Sick	
<input type="checkbox"/> Volunteer – Youth Ministry	<input type="checkbox"/> Volunteer – Bereavement Team	
<input type="checkbox"/> Coordinator – Youth Ministry	<input type="checkbox"/> Coordinator – Bereavement Team	
<input type="checkbox"/> Volunteer – Youth Choir	In GENERAL	
<input type="checkbox"/> Director – Youth Choir	<input type="checkbox"/> Key Holder or Elevator Operator	
<input type="checkbox"/> Volunteer – Youth Servers’ Guild	<input type="checkbox"/> Volunteer Driver	
<input type="checkbox"/> Coordinator – Youth Servers’ Guild	<input type="checkbox"/> Volunteer – Maintenance or Custodial Duties	
<input type="checkbox"/> Volunteer – Sacramental Prep. Team	<input type="checkbox"/> Volunteer – Guard or Area Monitor	
<input type="checkbox"/> Coordinator – Sacramental Prep. Team	<input type="checkbox"/> Coordinator or Committe Member (Policy)	

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
Policy Coordinator of your Christian Community***

For Use By The Policy Coordinator of the Christian Community

Coordinator's Name : _____

Signature : _____ Date : _____

For Use By the Diocese

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 : _____