



Archdiocese of Regina

VOLUNTEER AUTHORIZATION TO TRANSFER FILE INFORMATION

(SOLELY FOR USE OF ACTIVITIES WITHIN THE ARCHDIOCESE OF REGINA)

Request to Release file

I, _____, hereby authorize the Pastor or Designate
of the Parish of _____ in _____,

SK to copy and forward the contents of my volunteer file, which may include an Adult
Volunteer Information Form, completed references, completed interview form and
Criminal Record Check, to _____ Parish in
_____, Saskatchewan.

Signature

Date

Signed in the Presence of:

Print Name, Position and Signature

Certification

I, _____ certify that this is a true and accurate
copy of the original documentation on file at _____ Parish,
_____, Saskatchewan.

Signature

Date

Date Sent

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