



Archdiocese of Regina

ADULT VOLUNTEER INFORMATION FORM

It is the policy of the Archdiocese to monitor all Parish Volunteer Ministry Positions.

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

e-mail Address: _____

Date of Birth (optional): _____

Emergency Contact

Please provide a contact in case of an emergency:

Name: _____

Phone: (Home) _____ Other: _____

Relationship to applicant: _____

How long have you been a member of this parish community: _____

Have you held a volunteer position with this Parish? Yes No

Ministry position (s) for which you are applying or are continuing in:

If this ministry is not available, what other ministries might interest you?

Have you held a volunteer position with another organization/Parish? Yes No

If **Yes**, describe: _____

Please check that the following have been made available and reviewed:

- _____ The Ministry Position Descriptions
- _____ The Guidelines for Parish Volunteers
- _____ The contact information for the person coordinating any Ministry.

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 Parish. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact me.

I have read and understand the Ministry Position Description(s) and the Guidelines for Parish Volunteers, and I agree to abide by these. A violation of this code can result in disciplinary action, up to and including removal from ministry.

I am aware of the responsibilities and the limits of this ministry position and agree to meet them. I understand that I represent this Parish as a volunteer only when I am functioning as described in the Volunteer Ministry Position Description. I agree to keep confidential any information that I may come across regarding the affairs of this parish, its clergy, other volunteers, and parishioners, unless otherwise directed by law or the policy of the Archdiocese of Regina.

Signature: _____ Date: _____

For Parish Use Only

Parish Name: _____

Ministries: _____

Date commissioned (if applicable): _____

Designated Representative of the Parish

Name: _____

Signature: _____

Date of review of application completed: _____

COMPLETE THIS PAGE FOR HIGH SECURITY MINISTRY POSITIONS ONLY

(Omit this page for General Security Ministry Positions)

References

Please provide two non-family references that can describe your suitability for this ministry. (e.g. friends, neighbours, other parishioners, work associates, etc.)

Remember to notify these people that the parish will be contacting them.

Name: _____

Relationship to applicant _____

Address: _____

Phone Number _____ Cell Phone Number _____

Name: _____

Relationship to applicant _____

Address: _____

Phone Number _____ Cell Phone Number _____

Consent:

I, _____, authorize the designated
(Volunteer's name)
representative of the Parish of _____ to contact the
references that I listed on this Volunteer Information Form, in order to collect the information
that is appropriate to the position. I understand that the information obtained will be
confidential.

Signature: _____ Date: _____
(Volunteer's signature)

Criminal Record Check

I agree to comply with obtaining a Criminal Record Check before I can participate in a high-security ministry position. I understand that only the Pastor reviews this information and that this information shall be kept confidential.

Signature: _____ Date: _____
(Volunteer's signature)

Section Three
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