



Archdiocese of Regina

VOLUNTEER AUTHORIZATION TO RELEASE FILE

I, _____, hereby authorize the Pastor of the
Parish of _____ to release the contents of my
volunteer file to the Pastor of the Parish of _____.

I understand that, at all times, my volunteer information file shall be stored and utilized only in
accordance with the terms of the *Record Keeping Protocol*.

Date

Signature

Signed in the Presence of _____
(Print Name and Position)

(Signature)

Section Three
Intentional Blank Page