



VOLUNTEER INFORMATION FORM

The Diocese of Calgary is dedicated to strengthening its parish communities. It is the policy of the Diocese for its parishes to screen all Parish Volunteer Ministry Positions and to conduct appropriate Volunteer Screening Practices.

Name _____

Address _____

City _____ Province _____ Postal Code _____

Primary Phone # _____ Alternate Phone # _____

E-mail _____

PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY

Name _____

Primary Phone # _____ Alternate Phone # _____

Relationship to applicant: _____

FOR PARISH/OFFICE USE ONLY

Name _____

Ministry Position (s) _____

Have you held a volunteer position or been employed with another Parish, Ministry or Office of the Diocese of Calgary (the Diocese of Calgary encompasses Southern Alberta.) Yes No

If yes, please identify the parish/ministry/office, the name of the pastor/supervisor and describe the role and the circumstances of your leaving:

How long have you been a member of this parish community?

Please identify the Ministry position(s) for which you are applying/considering or in which you are currently involved:

If this ministry is not available, would you consider a different ministry? Yes No

If yes, which other ministries might interest you?

Have you ever been convicted of a criminal offence? Yes No

If yes, please explain (on a separate sheet if necessary) the number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentences(s) imposed and type(s) of rehabilitation.

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 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 understand that I must agree to the Diocesan Model Code of Conduct and I take my volunteer commitment seriously. I understand that failure to comply with my volunteer responsibilities will result in a range of actions from retraining/orienting, reassigning to a more suitable position, suspension, termination or legal action depending on the degree of seriousness or impact. I understand that these policies and procedures are subject to change and that I can access the "Strengthening Our Parish Communities" core standards on the Diocesan website at www.catholicyc.ca

Signature: _____ Date: _____

PLEASE COMPLETE THIS PAGE FOR MINISTRY POSITIONS IDENTIFIED AS ‘HIGH’ TRUST and return to parish

References

Please provide three references that can describe your suitability for this ministry (eg, friends, neighbours, other parishioners, work associates, etc.)

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

Name _____
Address _____
City _____ Province _____ Postal Code _____
Primary Phone # _____

Name _____
Address _____
City _____ Province _____ Postal Code _____
Primary Phone # _____

Name _____
Address _____
City _____ Province _____ Postal Code _____
Primary Phone # _____

Declaration & Consent

I certify that all statements made in the Volunteer Information Form are complete and accurate to the best of my knowledge and beliefs and are made in good faith. I authorize the confirmation of the above information and the permission to contact the references I have provided 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: _____

POLICE INFORMATION CHECK (PIC) - VULNERABLE SECTOR POLICE CHECK (VSPIC)

I agree to comply with obtaining a Police Information Check, Vulnerable Sector Police Information Check or other background checks that may be required before I can participate in a high-risk ministry position.

Signature: _____ Date: _____