



## Diocese of Hamilton Volunteer Information Form

Parish \_\_\_\_\_ Date: \_\_\_\_\_

Name of Ministry(s): \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Telephone (Bus.): \_\_\_\_\_

If you are new to the parish, what was your previous parish? \_\_\_\_\_

Number of years at current address: \_\_\_\_\_

If less than six months, please provide your previous address: \_\_\_\_\_

If you are a current volunteer with this parish, please indicate the ministries in which you have served and the dates \_\_\_\_\_

If you are a new volunteer, in what volunteer position or positions are you interested?

Why? \_\_\_\_\_

What times do you have available for volunteering?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Please provide details of any other volunteer experiences: \_\_\_\_\_

## References

**If the Ministry Position you are applying for has been identified as Medium or High Risk, please complete this page.**

Provide three references: i.e. friends, professionals, work or volunteer associates, or ministry leaders (refrain from listing your current pastor). **Home phone numbers must be included with all references.** Please ensure to inform those listed as references.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact \_\_\_\_\_

## Consent for Reference Checks

**If the Ministry Position you are applying for has been identified as Medium or High Risk, please complete this section.**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Volunteer (please print) Parish

screening committee to contact the references I have provided to collect personal information appropriate to the volunteer position for which I have applied.

I understand that the information obtained from the reference checks will be kept in confidence.

\_\_\_\_\_ Date

\_\_\_\_\_ Volunteer (please sign)

**Consent for Police Records Check**

**If the Ministry Position you are applying for has been identified as High Risk, please complete this section.**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Volunteer (please print) Parish

screening committee to review and/or retain my Police Records Check appropriate to the position for which I have applied.

I understand that the information obtained will be held in confidence.

\_\_\_\_\_ Date \_\_\_\_\_ Volunteer (please sign)

**Screening Checklist**

**For Screening Committee Use Only**

After providing the volunteer with a position description of the particular group/ministry, please ensure that the following are completed.

- Volunteer Information Form Date: \_\_\_\_\_
- References Date: \_\_\_\_\_
- Consent for Reference Checks Date: \_\_\_\_\_
- Consent for Police Records Check Date: \_\_\_\_\_
- Reference Checks Completed Date: \_\_\_\_\_
- Interview Completed Date: \_\_\_\_\_
- Police Records Check Completed Date: \_\_\_\_\_
  
- If applicable
- Orientation Date: \_\_\_\_\_
- Training Date: \_\_\_\_\_

This volunteer has met all the requirements of the Diocese of Hamilton Screening Initiative and has been accepted by the parish screening committee.

Screening Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor: \_\_\_\_\_ Date: \_\_\_\_\_



## Diocese of Hamilton Volunteer Information Form

Parish: \_\_\_\_\_

Name of Volunteer: (Please print) \_\_\_\_\_

Name of Ministry(s) or Group(s): \_\_\_\_\_

I hereby agree that:

- # At all times while representing this Parish, I will respect and uphold our Catholic principles and standard of behaviour.
- # I will not disclose confidential personal, financial or other information regarding parishioners or the general operation of the parish outside of the parish or diocesan offices.
- # I have received and read the Ministry Position Description and the Screening in Faith-Volunteer Guidelines.
- # I understand the responsibilities and limits of this position and agree to follow the duties and responsibilities as assigned by the ministry leader or parish team.
- # I understand that I represent this Parish as a volunteer **only** when I am functioning as described in the Position Description.
- # I will provide adequate notice to the parish team and ministry leader if I am leaving the ministry.
- # The pastor may terminate this agreement. Normally a reason will be given.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Parish Representative \_\_\_\_\_  
(Pastor, Screening Committee or Parish Administrator)

This information is collected for parish screening purposes only. All information is kept confidential.