



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): \_\_\_\_\_

<p><b>Emergency Contact</b></p> <p>Please provide a contact in case of an emergency:</p> <p>Name: _____</p> <p>Phone: (Home) _____ Other: _____</p> <p>Relationship to applicant: _____</p>
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<p style="text-align: center;"><b>FOR PARISH USE ONLY</b></p> <p>Parish Name: _____</p> <p>Ministry Position (s) : _____</p> <p style="text-align: center;">_____</p> <p>Date Commissioned (if applicable): _____</p>
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How long have you been a member of this parish community: \_\_\_\_\_

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

If **Yes** describe: \_\_\_\_\_  
\_\_\_\_\_

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

If **Yes** describe: \_\_\_\_\_  
\_\_\_\_\_

Ministry position(s) for which you are applying or are currently involved in:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, which other ministries might interest you?  
\_\_\_\_\_  
\_\_\_\_\_

***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.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE THIS PAGE FOR HIGH SECURITY MINISTRY POSITIONS ONLY***(Omit this page and continue on to page 4 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 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: \_\_\_\_\_

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

Please check that the following have been received:

\_\_\_\_\_ The Ministry Position Description for the position for which I am ministering.

\_\_\_\_\_ The Guidelines for Parish Volunteers

\_\_\_\_\_ The contact information for the person coordinating my 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 \_\_\_\_\_

**Designated Representative of the Parish**

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

Signature: \_\_\_\_\_

Date review of application completed: \_\_\_\_\_