

## VOLUNTEER INFORMATION AND REFERENCE 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.*

### **PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY	
Name	_____
Home Phone	_____ Other Phone _____
Relationship to applicant:	_____

FOR PARISH USE ONLY	
Name	_____
Ministry Position (s)	_____

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

If yes, please describe your role(s) and the circumstances of your leaving:

\_\_\_\_\_

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

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

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

If yes, which other ministries might interest you?

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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, phone number, and e-mail address 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.calgarydiocese.ca](http://www.calgarydiocese.ca)*

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

**PLEASE COMPLETE THIS PAGE FOR MEDIUM & HIGH RISK MINISTRY POSITIONS**

**REFERENCES**

Please provide three references, other than family members, who can objectively describe your suitability for this ministry ((e.g., former volunteer supervisor, work supervisor, other parishioners, previous parish contact)

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

***Consent***

I, \_\_\_\_\_ authorize a representative from St. Patrick’s Parish to contact the references that 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)**

*I agree to comply with obtaining a Police Information Check (PIC) before I can participate in a high-risk ministry position.*

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

