

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 _____

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?

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.calgarydiocese.ca

Signature: _____

Date: _____

**PLEASE COMPLETE THIS PAGE FOR MEDIUM & HIGH RISK MINISTRY POSITIONS
and return to parish**

References

Please provide three references that can describe your suitability for this ministry ((e.g., 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 _____
Phone Number _____

Name _____
Address _____
City _____ Province _____ Postal Code _____
Phone Number _____

Name _____
Address _____
City _____ Province _____ Postal Code _____
Phone Number _____

Consent

I, (NAME), authorize the Parish Volunteer Screening Coordinator of (PARISH NAME) 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: _____