



# VOLUNTEER INFORMATION FORM

## for MINORS

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

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

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

Primary Phone Number: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY**

Name \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

\_\_\_\_\_

I understand that I must 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, or termination depending on the degree of seriousness or impact.

\_\_\_\_\_  
Printed Name of Minor

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

\_\_\_\_\_  
Signature of Minor

I am the parent/legal guardian of \_\_\_\_\_. I understand that this information will remain confidential and is property of the Parish. As well, I understand that my child's name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact myself or my child.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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