



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 and Training Date: _____
- Supervision and Evaluation 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 Agreement

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, staff, participants or general operations of this Parish without written permission of the Pastor.
- # 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)