



Strengthening the Caring Community



Volunteer Application Form

The Archdiocese of Toronto is dedicated to strengthening its caring communities.
It is the policy of the Archdiocese to screen all Parish Volunteer Ministry Positions.

POSTIONS OF TRUST (HIGH RISK MINISTRIES) – ADULTS 18+

Name: _____

Address: _____

City: _____ Province: _____

Postal code: _____ Home Phone: _____

Work Place: _____ Work Phone: _____

E-Mail: _____

Please provide a Contact in case of an Emergency:

Name: _____

Phone: (Home) _____ (Other) _____

Relationship to applicant: _____

FOR PARISH USE ONLY

Parish Name: _____

Ministry Position(s): _____

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

If **Yes** list: _____

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

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 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.

Signature: _____

Date: _____

Please Complete This Page for HIGH RISK Ministry Positions Only

References

Please provide three references that can describe your suitability for this ministry.
(e.g. Family (only 1), friends, neighbours, other parishioners, coworkers, professionals, etc.)
Please note that Pastors and other members of Clergy or parish staff should not be listed as references.

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

Name: _____ **Relationship to applicant:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone Number:** _____

Name: _____ **Relationship to applicant:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone Number:** _____

Name: _____ **Relationship to applicant:** _____

Address: _____ **City:** _____

Postal Code: _____ **Phone Number:** _____

Consent

I, _____, authorize the Parish Volunteer Screening
(name of applicant)

Committee of _____ to contact the references that I
(name of parish)

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-risk ministry position. I understand that *only* the Pastor reviews this information.

Signature: _____ **Date:** _____

PLEASE RETURN COMPLETED FORM TO PARISH.

Please check (✓) that following have been received and read:

- The Ministry Position Description for the position for which I am ministering.
- The Strengthening the Caring Community Guidelines for Parish Volunteers,
- The contact information of my Ministry Coordinator/ Supervisor:

Ministry Coordinator/ Supervisor Name: _____

Contact Info. _____

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 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 by authorities from the Archdiocese of Toronto.

Signature: _____

Date: _____

Parish Volunteer Screening Committee

Committee Member Name: _____

Signature: _____

Date: _____