

STRENGTHENING THE CARING COMMUNITY

Volunteer Screening Program



Volunteer Application Form - Parish-based Ministry Positions Minors (under 18 years of age) in High Risk/Positions of Trust *Applicants must be at least 13 years of age

Volunteer Contact Information:

PLEASE COMPLETE AND RETURN THIS FORM TO THE PARISH OFFICE.

A representative from the parish screening committee or parish office will contact you to arrange an in-person interview at the parish (if applicable).

Date of Application:			
Parish Name:			
Applicant's Legal Name:			
Familiar Name (if applicable):			
Date of Birth (YYYY/MM/DD):			
Home Address:			
Phone #:			_□ HOME □ MOBILE
Applicant's Email:			
Parent/Guardian's E-mail:			
Emergency Contact Name:			
Emergency Contact Phone #:			
Relation to you:			
Please indicate preferred dates/time	es that you are a	vailable:	
□ Saturday Time:	□ Tuesday	Time:	□ Friday:
□ Sunday Time:	□ Wednesday	Time:	
□ Monday Time:	□ Thursday	Time:	
I certify that the information provid understand that this information we understand that my name, phone Ministry Coordinator/Leader so tha agree to keep confidential any info parish, its clergy, other volunteer authorities from the Archdiocese of	vill remain confi- number and e at he/she may c ormation that I s, and parishio	dential and is proper mail address will be ontact me. If selected may come across re	ty of the Parish. As well, I given to the appropriate l for a ministry position, I garding the affairs of this

Applicant Signature: _____ Date: _____

Parent/Guardian Consent:

Parent/Guardian consent is required prior to a minor volunteering in a parish-based ministry. *Please read and sign below.*

I give my permission for	to volunteer
at	h volunteer and will be expected to
I also understand that should he/she fail to comply with the V Conduct or fail to keep a commitment without giving ac participation may be re-evaluated. I understand the content Form. In the event that the parish has an activity or excursion of that a separate consent form will be provided with details of the guardian consent will be required.	dequate advance notice, his/her ats of this Volunteer Application off of parish property, I understand
Print Name:	
Relationship to Applicant:	_Phone #:
Signature:	Date:

Parish-based Volunteer Ministry Positions:

Under guiding legislation in Ontario concerning Best Practices for public safety and risk management, any person in a position of trust requires high-risk screening prior to volunteer participation.

Positions of Trust include:

- Those involving contact with vulnerable persons: children, youth, elderly persons or persons with disabilities
- Those where added responsibilities involve access to keys/security codes to the parish facilities, access to funds (handling money), or access to confidential information

Prior to participation in ministry positions listed below, applicants are required to:

- Attend an in-person interview
- Provide 2 references in good standing

Notes:

In accordance with special conditions under the Youth & Criminal Justice Act, youth files are sealed in Canada, therefore we cannot request minors under 18 years of age to obtain a Police Information Check.

At the age of 18, volunteers who have participated as a minor under 18 years of age in a high risk/position of trust ministry **must** complete a Police Information Check to remain in the ministry.



CHECK ALL POSITIONS THAT YOU ARE INTERESTED IN BELOW.

HIGH RISK MINISTRY POSITIONS

- □ Childcare/Babysitting
- □ Core Team Member (Lifeteen, EDGE, Youth Ministry, Steubenville Youth Conference)
- □ Liturgy of the Word with Children Helper
- □ Parish Prayer Group Member
- \Box Parish Office Assistant
- □ Religious Education Assistant
- □ Totus Tuus Camp Volunteer
- □ Youth Ministry Volunteer Helper
- \Box Other _

EXEMPTION POLICY FOR LONG-STANDING VOLUNTEERS (For Parish Use Only)

- \Box This individual has been exempted from completing Interview Procedures (Step 5), Reference Check Procedures (Step 6) and the Pre-Screening Questionnaire for the following reason(s) (Check all that apply):
 - \Box Has known the Pastor for three or more years.
 - □ Has been involved in ministries at this parish in a continuous manner for 3 or more years with no incidents to date.

	P	as	to	r'	S	Ν	ame	•
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Pastor's	Signature:	

Date:

References: PLEASE PROVIDE TWO REFERENCES BELOW.

A representative from the parish screening committee or parish office will contact your references via phone, email or letter.

Members of Clergy, Parish Screening Committee, or Parish Office Representatives from this parish may not be listed as this is considered a conflict of interest. References may include friends, professionals, teachers, coaches, colleagues and up to one family member.

Reference #1:	
Name:	
Address:	
Phone #:	
E-mail:	
Relation to you:	
Reference #2:	
Name:	
Address:	
Phone #:	\square HOME \square OFFICE \square MOBILE
E-mail:	
Relation to you:	

Pre-Screening Questionnaire: (For New Volunteers Only)

	Why are you	· · · · · ·	• 1 .	• •		'1' 0
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2. What skills would you bring to a ministry position?

3.

Please check all that apply to you:
□ Proficiency using a computer/laptop
□ Knowledge of database systems
□ Experience with money counting/accounting
□ Experience in security/alarm systems
\Box Experience in office management/reception/administration/parish office environment
Experience in record keeping/file retention/privacy practices
Previous teaching experience/working in schools
Previous coaching experience/working with children and adolescents
Previous experience caring for elderly persons or persons with disabilities
Previous experience in event management/catering/cooking
□ Previous experience assisting refugees/applying for assistance/funding
Previous experience working in daycare centres
□ Previous experience working in homes/hospitals/long-term care facilities
Do you volunteer at any other parishes within the Archdiocese of Toronto?
□ Yes
□ No
If you responded "yes", please indicate the parish location and position(s) below:
Parish Name:
City:
Ministry Position(s):
Ministry Position(s):
If you suspected that a vulnerable person (child, youth, elderly, or person with a disability) has
been hurt or a victim of abuse, would you be comfortable notifying the appropriate authorities?

□ Yes

4.

5.

🗆 No