

ROMAN CATHOLIC DIOCESE OF PETERBOROUGH

Volunteer Information Form

Name of Volunteer:

Parish.....**Date:** _____

If you are new to the parish, name your previous parish: _____

Location of Previous Parish: _____

Name of Ministry(s):

Address:

City: _____ **Postal Code:** _____

Telephone (Cellular or Landline): _____ **E-Mail Address:** _____

May we contact you at work? _____ **Telephone (Bus.):** _____

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. Please refrain from listing your current pastor. Home phone numbers must be included with all references. Please inform those listed as references.

Name:.....

Address:.....

City:..... Postal Code:.....

Telephone: _____ Telephone (Bus): _____

Relationship to Volunteer: Best time to Contact.....

Name:.....

Address:.....

City:..... Postal Code:.....

Telephone: _____ Telephone (Bus): _____

Relationship to Volunteer: Best time to Contact.....

Name:.....

Address:.....

City:..... Postal Code:.....

Telephone: _____ Telephone (Bus): _____

Relationship to Volunteer: Best time to Contact.....

Consent for Reference Checks

Please complete this section.

I, _____ authorize the Parish's Volunteer 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 confidential.

Signature: _____ Date: _____

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 the Parish's Volunteer Screening Committee to review and/or retain my Police Records Check appropriate to the ministry position for which I have volunteered.

I understand that the information obtained will be held in confidence.

Date Volunteer (please sign)

Volunteer Screening Checklist

For Volunteer Screening Committee Use Only

After providing the volunteer with a position description of the particular group/ministry, please ensure that the following are completed.

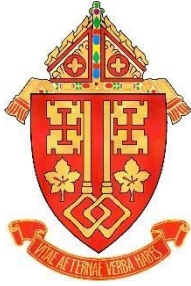
- | | |
|---|-------------|
| <input type="checkbox"/> Volunteer Information Form | Date: _____ |
| <input type="checkbox"/> References | Date: _____ |
| <input type="checkbox"/> Consent for Reference Checks | Date: _____ |
| <input type="checkbox"/> Consent for Police Records Check | Date: _____ |
| <input type="checkbox"/> Reference Checks Completed | Date: _____ |
| <input type="checkbox"/> Interview Completed | Date: _____ |
| <input type="checkbox"/> Police Records Check Completed | Date: _____ |

If applicable

- | | |
|---|-------------|
| <input type="checkbox"/> Orientation and Training | Date: _____ |
| <input type="checkbox"/> Supervision and Evaluation | Date: _____ |

This volunteer has met all the requirements of the Diocese of Peterborough Volunteer Screening Initiative and has been accepted by the parish volunteer screening committee.

Screening Coordinator: _____	Date: _____
Pastor: _____	Date: _____



ROMAN CATHOLIC DIOCESE OF PETERBOROUGH

Volunteer Agreement

Parish: _____

Name of Volunteer: (Please print) _____

Name of Ministry(s) or Group(s): _____

I hereby agree that:

1. At all times while representing this Parish, I will respect and uphold our Catholic principles and standard of behaviour.
2. I will not disclose confidential personal, financial or other information regarding parishioners or the general operation of the parish outside of the parish or diocesan offices.
3. I have received and read the Ministry Position Description and the Responsible Faith Ministry Guidelines.
4. 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.
5. I understand that I represent this Parish as a volunteer **only** when I am functioning as described in the Position Description.
6. I will provide adequate notice to the parish team and ministry leader if I am leaving the ministry.
7. 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)

Information Collection:

Personal information on this form will be used for Screening of Volunteers. This information will be stored permanently in a confidential locked cabinet in the Parish Rectory. Any questions with respect to this information should be directed to the local pastor or the Diocesan Screening Committee 350 Hunter Street West- Box 175, Peterborough, Ontario, K9J 6Y8. Phone: (705) 745-5123, Original File– Diocesan Pastoral Centre.