



# Strengthening the Caring Community



## Volunteer Information 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.

**THIS FORM IS TO BE USED FOR ANY PERSON UNDER 18 YEARS OF AGE.**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

Ministry position(s) for which you are applying or are currently involved in:

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If this ministry is not available, would you consider a different ministry?  Yes  No

If yes, which other ministries might interest you?

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*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.*

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent/ Guardian Consent**

I give my permission for \_\_\_\_\_, to volunteer at  
(name of applicant)  
\_\_\_\_\_ and I take responsibility for  
(name of parish)

her/ him. I understand that she/he is to participate as a parish volunteer and will be expected to comply with the Strengthening the Caring Community Guidelines for Parish Volunteers and to be faithful in honouring her/his volunteer commitments.

I also understand that should she/he fail to comply with the Strengthening the Caring Community Guidelines for Parish Volunteers or fail to keep a commitment without giving adequate advance notice, her/his participation may be re-evaluated. I understand the contents of this Volunteer Information Form.

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Complete This Page for HIGH RISK Ministry Positions Only**

**References**

Please provide three (3) references that know you and can describe your suitability for this ministry. (e.g. Family (only 1), teacher, coach, neighbour, other parishioners, professionals, etc.)

**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: \_\_\_\_\_

**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: \_\_\_\_\_