



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:

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.

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 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: _____