



Archdiocese
of Toronto

**STRENGTHENING THE
CARING COMMUNITY**

Volunteer Screening Program



Volunteer Application Form - Parish-based Ministry Positions
Minors (under 18 years of age) in General Risk Positions

Volunteer Contact Information:

PLEASE COMPLETE AND RETURN THIS FORM TO THE PARISH OFFICE.

A representative from the parish screening committee or the ministry coordinator/leader will contact the parent/guardian regarding any training and scheduling arrangements for minors.

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/times that you are available:

Saturday Time: _____ Tuesday Time: _____ Friday: _____

Sunday Time: _____ Wednesday Time: _____

Monday Time: _____ Thursday Time: _____

I certify that the information provided on this Volunteer Application 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 he/she may contact me. If selected for a ministry position, 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.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____

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
(Name of applicant)

at _____ and I take responsibility
(Name of parish)

for him/her. I understand that he/she 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 his/her volunteer commitments.

I also understand that should he/she fail to comply with the Strengthening the Caring Community Guidelines for Parish Volunteers or fail to keep a commitment without giving adequate advance notice, his/her participation may be re-evaluated. I understand the contents of this Volunteer Application Form. In the event that the parish has an activity or excursion off of parish property, I understand that a separate consent form will be provided with details of the location of the event and parent/guardian consent will be required.

Print Name: _____

Relationship to Applicant: _____ **Phone #:** _____

Signature: _____ **Date:** _____

Parish-based Volunteer Ministry Positions for Minors

NOTE: General Risk Ministry Positions do not require interviews, references or a Police Information Check.

✓ **CHECK ALL POSITIONS THAT YOU ARE INTERESTED IN BELOW.**

GENERAL RISK MINISTRY POSITIONS

- Altar Server
- Choir Member
- Other _____