



Diocese of Hamilton
Volunteer Information Form

Parish/ Division _____ Date _____

Name _____ E-Mail Address: _____

Phone (Res) _____

Address _____ Postal Code _____

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

If you are new to the Parish, what was your previous Parish? _____

Number of years at current address: _____

If less than six months, please provide your previous address: _____

If you are a current volunteer with a parish or division of the Diocese of Hamilton, 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: _____



Volunteer Information Form References

If the volunteer position you are applying for has been identified as high risk, please complete this section on references. *The applicant acknowledges and agrees that information collected during reference interviews will be kept strictly confidential during the screening process and the applicant gives up any right to access this information regarding references as a part of his or her file.*

Provide three references: i.e. friends, professionals, work or volunteer associates, or ministry leaders (refrain from listing your current pastor or family members). **Home phone numbers must be included with all references.** Please ensure to inform those listed as references that they will be contacted by a member of the Diocese's relevant volunteer screening committee.

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Res): _____ Telephone (Bus): _____

Relationship to Volunteer: _____ Best time to Contact: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Res): _____ Telephone (Bus): _____

Relationship to Volunteer: _____ Best time to Contact: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Res): _____ Telephone (Bus): _____

Relationship to Volunteer: _____ Best time to Contact: _____



Volunteer Information Form
Authorization and Waiver

I _____, authorize _____
Volunteer (please print) Division/Parish of the Diocese of Hamilton

and particularly those involved in the screening of volunteers for the Diocese of Hamilton to contact the references (as applicable) and otherwise collect and store personal information appropriate to the volunteer position for which I have applied. I understand that all information provided, included a summary of results of police records checks, are to be accessed only by those involved in the volunteer screening process for the Diocese of Hamilton. Information retained may be kept in perpetuity for the protection of both the Diocese of Hamilton and myself as a record of the screening that was undertaken regarding my volunteer position.

I fully understand the contents of the information in this form and have been given the opportunity to fully review it and understand my rights associated with it.

Date

Volunteer (please sign)

Date

Witness (please sign)