All Saints
Roman Catholic Parish

Strengthening
Our Parish Communities
RC DIOCESE OF CALGARY

VOLUNTEER INFORMATION FORM

The Diocese of Calgary is dedicated to strengthening its parish communities. It is the policy of the Diocese for its parishes to screen all Parish Volunteer Ministry Positions and to conduct appropriate Volunteer Screening Practices.

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Work Place: _____

May we have your permission to use your email address to communicate information with you (your email will not be shared with any other person or place)? ☐ Yes ☐ No

Which Sunday Mass do you regularly attend (*please choose only one*)?

☐ 5:00pm (Sat) Assumption ☐ 9:00am (Sun) Assumption ☐ 6:00pm (Sun) Assumption
☐ 7:00pm (Sat) St. Basil's ☐ 7:30am (Sun) St. Basil's) ☐ 11:00am (Sun) St. Basil's

PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY

Name: _____

Home Phone: _____ Other Phone: _____

Relationship to applicant: _____

Have you held a volunteer position or been employed with another parish or office of the Diocese of Calgary (the Diocese of Calgary encompasses Southern Alberta)? ☐ Yes ☐ No

If yes, please describe your role(s) and the circumstances of your leaving:

_____

_____

How long have you been a member of the All Saint's Parish community?

_____

Please identify the Ministry position(s) for which you are applying/considering or in which you are currently involved:

_____

_____

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

If yes, which other ministries might interest you?

_____

_____

_____

Have you ever been convicted of a criminal offence? ☐ Yes ☐ No

If yes, please explain (use a separate sheet if necessary) the number of convictions, nature of offenses(s) leading to conviction(s), how recently such offence(s) was/were committed, sentences(s) imposed and type(s) of rehabilitation.

_____

_____

_____

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 the property of All Saints 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.

I understand that I must agree to the Diocesan Model Code of Conduct and take my volunteer commitment seriously. I understand that failure to comply with my volunteer responsibilities will result in a range of actions from retaining/orienting, reassigning to a more suitable position, suspension, termination or legal action depending on the degree of seriousness or impact. I understand that these policies and procedures are subject to change and that I can access the "Strengthening Our Parish Communities" core standards on the Diocesan website at www.calgarydiocese.ca.

Signature: _____ Date: _____

PLEASE COMPLETE THIS PAGE FOR MEDIUM & HIGH RISK MINISTRY POSITIONS

References

Previous Parish (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Please provide three references that can describe your suitability for this ministry (e.g., friends, neighbours, other parishioners, work associates, etc.).

Please remember to notify these people that the parish will be contacting them.

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Consent

I, _____, authorize the Parish Volunteer Screening Coordinator of All Saints Parish to contact the references that I have provided 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: _____

POLICE INFORMATION CHECK (PIC)

I agree to comply with obtaining a Police Information Check (PIC) before I can participate in a high-risk ministry position.

Signature: _____ Date: _____

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AGREEMENT TO MODEL CODE OF CONDUCT

I understand that the complete *Model Code of Conduct* is available to the public and is accessible on the Diocese website (www.calgarydiocese.ca). I promise to strictly follow the rules and guidelines in the *Model Code of Conduct* as a condition of my ministry, employment or in providing services to the Diocese, including any children and vulnerable persons of our Diocese. Further:

I WILL:

- Attend as scheduled and be punctual; absent myself only for good and sufficient reason, and notify the necessary person of anticipated or unforeseen absences;
- Perform duties and discharge responsibilities safely, effectively, and with proper regard for time and material;
- Be courteous and cooperative in my relations with other personnel and with those whom they serve;
- Conduct myself, both on and off the job, in a manner that reflects credit to my Parish/ministry/program;
- Dress appropriately;
- Demonstrate an awareness of, and respect for sexual, cultural and physical differences in my relationships with participants, other personnel and the whole parish community;
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration;
- Avoid situations where I am alone with children (under 18 years old) and/or vulnerable persons at Church activities;
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or vulnerable persons;
- Refuse to accept expensive gifts from children and/or vulnerable persons without prior written approval from the parents or guardian and the pastor or administrator;
- Refrain from giving expensive gifts to children and/or vulnerable persons without prior written approval from the parents or guardian and the pastor or administrator;
- Report suspected abuse to the pastor, administrator, or appropriate supervisor. I understand that failure to report suspected abuse of children (under 18 years old) to civil authorities is a provincial offence;
- Abide by the Two-Adult Rule;
- Cooperate fully in any investigation under this *Code of Conduct*.

I WILL NOT:

- Smoke, use or distribute tobacco products in the presence of children and/or vulnerable persons;
- Use, possess, distribute or be under the influence of alcohol at any time while exercising my ministry or providing services;
- Use, possess, or be under the influence of illegal drugs at any time;
- Pose any health risk to children and/or vulnerable persons (i.e., no abuse, no fevers or other contagious situations);
- Strike, spank, shake, or slap any person, including children and/or vulnerable persons;
- Humiliate, ridicule, threaten, or degrade any person, including children and/or vulnerable persons;
- Touch a child/vulnerable persons in a sexual or other inappropriate manner;
- Use any discipline that frightens or humiliates children/vulnerable persons;
- Carry or provide firearms; switchblade knives and knives with a blade longer than five inches; dangerous chemicals; explosives including blasting caps; chains and/or any other objects carried for the purpose of injuring or intimidating;
- Use profanity in the presence of children and/or vulnerable persons;
- Make any public pronouncements on potentially contentious theological or moral issues in the name of the Diocese, Parish or Program which might be constructed as having been made with authority unless I have been given that authority by the Diocese.

I understand that in working with children and/or vulnerable persons or if I have access to parish financial accounts or accounting software, I am subject to a thorough background check including criminal history.

I understand that any action inconsistent with this *Code of Conduct* or failure to take action mandated by this *Code of Conduct* may result in appropriate disciplinary action and removal from my ministry or duties.

_____ _____

Printed Name *Signature*

_____

Date

Original signed copy to be kept on individual's personnel file.

Armatus
Quick Start Guide

Welcome to Armatus! Below you will find instructions for logging in to training as well as helpful hints to ensure you retain the information presented in the courses. If you have any questions along the way, contact Laura at the All Saints Parish office (403) 327-8931.

To Begin Training:

1. Go to website: **www.praesidiumInc.com/LoginNow**
2. Enter your username and password.
3. Click Login.
4. Click on the course image or title to begin.

Username: _____

Password: _____

1. Right Place, Right Time

Set the right conditions for learning. Create an environment with no interruptions, no phone calls, and no distractions. Set aside 30-45 minutes for each course so you do not have to hurry.

3. Follow the Arrows

When it's time to move to the next page, an arrow will appear at the bottom right corner. When prompted, click the arrow to move forward.

2. Take Your Time

Have patience and take your time. Read carefully to make sure you fully understand the content. Rather than rushing through the training, plan to complete only one or two courses each time you login so you can really absorb what you've learned. If you need to pause and continue training later, the course will start again from the section where you left off.

4. Think About It

Finally, pause and think about what you are learning. Throughout the course, think about how you can apply what you are learning to your own position. We know that with proper concentration you can understand and apply what you learn. When you pass the quiz at the end of the course, you will earn credit.

Date Received (YYYY-MM-DD)	
Priority Processing	
Transaction Amount	
☐ Debit	
☐ Cash	
☐ Cheque #	
☐ Invoice	
☐ VOAN	
☐ Transaction #	

POLICE INFORMATION CHECK

Consent to Search and Disclosure of Personal Information

Application Form must be completed in FULL before your request will be completed. Please print clearly in blue ink completing ALL fields. If the field is not applicable to you please use N/A.

Part 1 - Reason for the Police Information Check

☐ Employment ☑ Volunteer ☐ Licensing ☐ Adoption / Foster Care / Kinship Care / Day Home

☐ Paid Practicum ☐ Unpaid Practicum ☐ Refugee Sponsor ☐ Other (specify) _____

Agency Requesting Police Information Check All Saints Parish, 2405 12 Avenue South, Lethbridge, AB T1K 0P4

Position Title and Description _____

Will you be responsible for:
(If any fields are selected, complete Part 4 on page 2)
☐ Children/Youth ☐ Elderly ☐ Disabled ☐ Dependent Individual ☐ Patients

Have you ever been fingerprinted for a **CRIMINAL OFFENCE IN CANADA** for which you have **not** received a Record Suspension? ☐ Yes ☐ No

Part 2 – Personal Information

Surname/Family Name _____ **Given Name** _____ **Middle Name** _____

Date of Birth YYYY - MM - DD _____ **Gender** _____ **Place of Birth** (City / Province/State / Country) _____

All other Maiden / Surnames / Family / Assumed Names Used _____

All Given Names/ Alias Used _____

Spouses/ Common Law Partners Full Name _____

Do you live within the City of Lethbridge? ☐ Yes ☐ No **How long have you lived within the City of Lethbridge?** _____

Current Street Address / Apt Number _____

City _____ **Province** _____ **Postal Code** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Part 3 – Third Party Consent (Only Applicable for VOAN and Invoiced Applications)

In the event NO information about me is found, I freely give my consent to the Lethbridge Police Service to release the search results to the agency named in Part 1 of this application. Should information be found, the agency will NOT receive the search results. The information will ONLY be provided to the applicant.

Signature _____ **Date** YYYY – MM - DD _____

Parent / Guardian Signature
(Required if applicant is under 18 years of age) _____ **Date** YYYY – MM - DD _____

TWO ORIGINAL PIECES OF GOVERNMENT ISSUED IDENTIFICATION, THAT INCLUDE BOTH NAME AND DATE OF BIRTH, ARE REQUIRED. ONE MUST CONTAIN A PICTURE.

AGENCY USE ONLY

Verified by:	Employee Number:	Date YYYY - MM - DD

I consent to the Lethbridge Police Service (the "Police Service") conducting the following searches about me:

A. Criminal convictions, conditional and absolute discharges and other related information about me contained in Canada's National Repository of Criminal Records.

B. Criminal and provincial statute dispositions and any pending criminal or provincial statute charges before the Alberta courts as identified in the Justice Online Information Network.

C. Current court orders, warrants, prohibition orders, probation orders, peace bonds, recognizance orders in Alberta and current outstanding out of province warrants identified in the Canadian Police Information Centre.

D. Information obtained from local police records, which may include a query of the Police Information Portal, in which I was the subject of a police investigation where a risk to public safety exists. A decision to disclose information described here in Section D will be made by the Lethbridge Police Service upon consideration of several factors, including the nature of the responsibilities of the position applied for, the individuals with whom I will be interacting, the frequency and recency of the occurrences, any demonstrated patterns of behaviour and the reliability of the information contained in the records.

Signature _____ **Date** YYYY - MM - DD _____

Parent / Guardian Signature
(Required if applicant is under 18 years of age) _____ **Date** YYYY - MM - DD _____

E. **Vulnerable Sector Check:** completed when required by the requesting agency because you will be responsible for the well-being of children, the elderly, people with disabilities or other vulnerable populations. It is the Lethbridge Police Service that determines or verifies that the position you are applying for meets the requirements for a Vulnerable Sector Check.

_____ Initial

A Vulnerable Sector Check is required when you will be in a position of trust or authority over vulnerable persons including children, the elderly and people with disabilities. A Vulnerable Sector Check involves a search of the automated criminal records (pardoned sex offender) retrieval system maintained by the RCMP to identify the existence of sex offences for which a record suspension or pardon exists. A Vulnerable Sector Check also includes a search of local police records to determine if any patterns of behaviour exist that may result in harm to a vulnerable person.

_____ Initial

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and have been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the *Criminal Records Act.*

_____ Initial

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the *Criminal Records Act* in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me.

_____ Initial

I understand that the Lethbridge Police Service will not disclose this information to the Requesting Agency without further consent from me.

If you are obtaining a Vulnerable Sector Check, list <u>all</u> cities and provinces of residence, other than your current city of residence, for the past 5 years:

Location: _____

Location: _____

Location: _____

Please provide a brief description of the position you are applying for and identify the vulnerable population you will be in a position of trust or authority over (i.e. are they children, persons with disabilities or from some other vulnerable population).

_____ Initial

I acknowledge that I understand when a Vulnerable Sector Check is required and, if required, I consent to the Vulnerable Sector Check.

_____ Initial

A police record consists of information created or gathered by police. It may include information such as criminal charges and convictions, non-conviction information such as acquittals, findings of not criminally responsible by reason of mental disorder, stays of proceedings, participation in alternative measures and other diversionary programs, investigations, and occurrences that did not result in charges being laid. A police record may also include non-criminal contact with police. Even if you have never been charged or convicted of an offence a police record may exist as a result of an interaction with the police, including interactions due to mental health issues or as a result of an investigation conducted by police, whether you knew about the investigation or not. Information created or gathered by police is retained in accordance with the Lethbridge Police Service's records retention schedule. If you require further information about the Lethbridge Police Service's retention schedule, please contact the Lethbridge Police Service responsible for completing your Police Information Check.

_____ Initial

I give my consent to the Lethbridge Police Service to use any and all information about me that it has found after completing the above identified searches, including information obtained from local police records, to complete a Police Information Check and I give my consent to the Lethbridge Police Service to disclose the results of the searches to me in a Police Information Check. I understand that it is my decision whether I provide the results of the searches to any other person or organization. I understand that further information about the Police Information Check process is available in the Alberta Police Information Check Disclosure Procedures which are available on the Lethbridge Police Service's website.

_____ Initial

I remise, release and forever discharge the Lethbridge Police Service, the Chief of Police of the Lethbridge Police Service, the Lethbridge Police Service's Police Commission, and all of their administrators, successors, assigns, agents, officers, servants and employees from any and all demands or claims of every nature and kind at law or in equity including, without limitation, all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs or interest, incurred by me or my legal representatives, heirs, assigns or agents and arising from or in any way related to my participation in the Police Information Check process and the obtaining of a Police Information Check.

_____ Initial

The information collected on this form and the information collected, used and disclosed as part of this Police Information Check process will be collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* or as otherwise provided by law.

By signing this form I confirm that I have fully informed myself and understand the content, meaning and effect of this consent and release of liability and I declare that the information provided by me is accurate and may be verified by the Lethbridge Police Service through police information databases if required.

Signature
(Applicant Consenting to Vulnerable Sector Search) _____ **Date** YYYY - MM - DD _____

Parent / Guardian Signature
(Required if applicant is under 18 years of age) _____ **Date** YYYY - MM - DD _____