



ROMAN CATHOLIC
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*)?

- | | | |
|---|---|--|
| <input type="checkbox"/> 5:00pm (Sat) Assumption | <input type="checkbox"/> 9:00am (Sun) Assumption | <input type="checkbox"/> 6:00pm (Sun) Assumption |
| <input type="checkbox"/> 7:00pm (Sat) St. Basil's | <input type="checkbox"/> 7:30am (Sun) St. Basil's | <input type="checkbox"/> 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: _____

AGREEMENT

Code of Pastoral Conduct and Accountability For Volunteers

- I acknowledge that I have read the *Code of Pastoral Conduct and Accountability for Volunteers* and received a copy.
- I understand that the *Code of Pastoral Conduct and Accountability for Volunteers* is available to the public and is accessible on the website of the Roman Catholic Diocese of Calgary.
- I understand that adherence to the *Code of Pastoral Conduct and Accountability for Volunteers* is the condition of my ministry in 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 police background check including criminal history.
- I understand that any action inconsistent with this *Code of Pastoral Conduct and Accountability for Volunteers* or the failure to take actions mandated by the code may result in removal from ministry or work duties and will entail appropriate disciplinary action.

Signature:	Date:
Printed Name:	
<ul style="list-style-type: none"> • <i>Original signed copy to be filed in the volunteer file.</i> • <i>The volunteer may request a personal copy of the signed document.</i> 	