

**Guidelines for Recruiting, Screening of Employees and Volunteers,
and Directives for the Safety of All People in the Diocese of Edmundston**

**VOLUNTEER FORM FOR THOSE
HOLDING A HIGH RISK MINISTRY POSITION**

_____ **PARISH**

Name: _____ Date of Birth: _____ / _____ / _____
yyyy / mo / day

Address: _____

City: _____ Province: _____

Postal code: _____ Home Phone: _____

Work Place: _____ Work Phone: _____

E-Mail: _____

Please provide a Contact in case of an Emergency:

Name: _____ **Relationship to applicant:** _____

Phone: (Home) _____ **(Other)** _____

Have you held a volunteer position with another organization/Parish? Yes No

If **Yes**, specify: _____

How long have you been a member of this parish community? _____

Ministry position(s) for which you are applying or are currently involved in:

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(References are mandatory for new volunteers only)

References

Please provide two unrelated 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.

1) Name: _____ Relationship to applicant: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

2) Name: _____ Relationship to applicant: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Consent:

I, _____, authorize the Responsible Ministry
(name of applicant)

Committee of the Diocese of Edmundston to contact the references that I listed on this Volunteer Form, in order to collect the information that is appropriate to the position. I understand that the information obtained will be confidential.

Signature: _____ **Date:** _____

Criminal Record Check

I agree to comply with obtaining a Criminal Record Check including a At Risk Sector Scan before I can participate in a high-risk ministry position. I understand that *only* the Diocesan Responsible Ministry Committee reviews this information.

Signature: _____ **Date:** _____

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Please check (☑) that the following documents have been received and read:

- The Ministry Position Description for the position for which I am volunteering
- The Code of Conduct
- The contact information of my Ministry Coordinator/ Supervisor.

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 so that she/ he may contact me.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO PARISH

For the use of the Diocesan Responsible Ministry Committee

Signature: _____ Date: _____

Diocesan Coordinator