



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): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ ☐ HOME ☐ MOBILE

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:** \_\_\_\_\_

Date of Birth of Minor \_\_\_\_\_

## 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 \_\_\_\_\_