



# ADULT VOLUNTEER INFORMATION FORM

**It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.**

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_\_

**Emergency Contact:**

Please provide a contact in case of an emergency:

Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Other: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you been a member of the SEARCH community: \_\_\_\_\_

Have you held a volunteer position with this SEARCH ministry? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If **Yes**, describe: \_\_\_\_\_

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

- Team Back Up                       Team Talks                       Small Group Leader                       Kitchen
- Spiritual Director                       Liturgy                       Music Ministry
- Vocations Talk (Single, Marriage, Religious Life, Priesthood)
- Other \_\_\_\_\_

If this/these ministry position(s) is/are not available, what other ministries might interest you?



Please check that the following have been made available and reviewed:

- \_\_\_\_\_ The Ministry Position Descriptions
- \_\_\_\_\_ The Guidelines for Parish Volunteers
- \_\_\_\_\_ The contact information for the person coordinating any Ministry.

*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 the Archdiocese of Regina SEARCH ministry. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact me.*

*I have read and understand the Ministry Position Description(s) and the Guidelines for Parish Volunteers, and I agree to abide by these. A violation of this code can result in disciplinary action, up to and including removal from ministry.*

*I am aware of the responsibilities and the limits of this ministry position and agree to meet them. I understand that I represent this SEARCH ministry as a volunteer only when I am functioning as described in the Volunteer Ministry Position Description. I agree to keep confidential any information that I may come across regarding the affairs of this ministry, its clergy, other volunteers, and parishioners, unless otherwise directed by law or the policy of the Archdiocese of Regina.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Ministry Use Only**

Ministry Name: \_\_\_\_\_ *Archdiocese of Regina SEARCH* \_\_\_\_\_

- Ministries:     Team Back Up     Team Talks     Small Group Leader  
 Kitchen                       Spiritual Director  
 Vocations Talk (Single, Marriage, Religious Life, Priesthood)  
 Other \_\_\_\_\_

Date commissioned (if applicable): \_\_\_\_\_

**Designated Representative of the Ministry**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Review of Application completed: \_\_\_\_\_



**COMPLETE THIS PAGE FOR HIGH SECURITY MINISTRY POSITIONS ONLY**

*(Omit this page for General Security Ministry Positions)*

**References**

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

**Remember to notify these people that the SEARCH ministry may be contacting them.**

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

Relationship to applicant \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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

Relationship to applicant \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

**Consent:**

I, \_\_\_\_\_, authorize the designated representative of the \_\_\_\_\_ ***Archdiocese of Regina SEARCH*** ministry to contact the references that I listed 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: \_\_\_\_\_

**Criminal Record Check**

I agree to comply with obtaining a Criminal Record Check before I can participate in a high-security ministry such as ***Archdiocese of Regina SEARCH***. I understand that only the SEARCH Director & designated SEARCH Pastor reviews this information and that this information shall be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_