



YOUTH VOLUNTEER INFORMATION FORM

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

THIS FORM IS ONLY TO BE USED FOR PERSONS UNDER 18 YEARS OF AGE

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____

Emergency Contact:

Please provide a contact in case of an emergency:

Name: _____

Phone: (Home) _____ Other: _____

Relationship to applicant: _____

FOR MINISTRY USE ONLY

Ministry Name: _____ *Archdiocese of Regina SEARCH* _____

- Ministry Position(s):
- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Team Back Up | <input type="checkbox"/> Team Talk | <input type="checkbox"/> Small Group Leader |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Liturgy | <input type="checkbox"/> Music Ministry |
| <input type="checkbox"/> Prayer | <input type="checkbox"/> Other _____ | |

Date Commissioned (if applicable): _____



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

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

If yes, which other ministries might interest you?

Youth Age 14 to 17

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.

Signature: _____ Date: _____

Parent/ Guardian Consent

I give my permission for _____ (name of applicant) to volunteer at _____ **Archdiocese of Regina SEARCH** _____ (name of Ministry) and I take responsibility for him or her. I understand that she/he is to participate as a ministry volunteer and will be expected to comply with the Ministry Position Description(s) and the Guidelines for Parish Volunteers and to be faithful in honouring his or her volunteer commitments.

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 the applicant's name and phone number will be given to the appropriate Ministry Coordinator/Leader so that he or she may contact the applicant.

I also understand that should the applicant fail to comply with the Ministry Position Description(s) and the Guidelines for Parish Volunteers or fail to keep a commitment without giving adequate advance notice, his or her participation may be re-evaluated. I understand the contents of this Volunteer Information Form.

Print Name: _____ Phone: _____

Relationship to applicant: _____

Signature: _____

Date: _____