

Police Check Date:

Intervention Record Check Date:
(only needed if working with Youth)

Volunteer Information Form - Appendix D

All volunteer leaders and volunteers will need to undergo a screening process before serving in ministries or programs in the Archdiocese. For complete information, please refer to Volunteer Management Policy No. 361

Volunteer Name:			
Address:			
	Street Address	City / Province / Postal Code	
Phone Numbers:	Daytime	Evening	Cell
E-mail address:			

Parish/Camp/Office/ Other Organization:			
Ministries / Programs			
Position Titles			

Motivation: Briefly describe your interests/motivation in applying for these roles.	
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Related Experience:	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		
	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		
	Employment/Volunteer Organization	Position	From – To (month/year)
	Reason for Departing Position		



Volunteer Information Form cont'd

Emergency Contact:			
Phone Numbers:			
	Daytime	Evening	Cell
Relationship:			

Declaration:

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 including its offices, parishes, camps, or other approved organizations, Newman Theological College or St. Joseph Seminary. I further understand that my contact information will be given to the appropriate ministry or program leader.

I understand that as volunteer of the office, parish, camp or approved organization, I will be expected to comply with the Volunteer Management Policy No. 361 and be faithful in honouring my volunteer commitments.

I also understand that should I fail to comply with the Volunteer Management Policy or fail to keep the commitment related to the ministry or program, my participation will be re-evaluated. I understand the contents of this Volunteer Information Form.

Signature of Volunteer

Date / Month / Year

Name of Volunteer

For Applicant under 18 years of age.

Name of Parent/Guardian

Relationship to Volunteer

Signature of Parent/Guardian

Day / Month / Year



The Catholic
Archdiocese
of Edmonton

Medium/High Risk - Supplemental Volunteer Information Form - Appendix D2

Specific Experience Working with Vulnerable Persons:	
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Specific Training Working with Vulnerable Persons:	
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References:	Provide three names and contact information		
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			
Name of Reference:			
Relationship:		Ph. No. 1	Ph. No. 2
Organization:			
E-mail address:			

Please Initial

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I agree to comply with obtaining a Police Information Check (PIC)/Criminal Record Check (CRC) before I participate in any medium/high-risk ministry or program positions.

I authorize the volunteer screening coordinator or designated individual to contact the references that I have provided on this Volunteer Application Form in order to collect the information that is appropriate to the position. I understand the information obtained will be confidential.

For those working with children under the age of 18 in their ministry:

I also agree to comply with obtaining an Intervention Record Check as per the Child, Youth, and Family Enhancement Act before I participate in a higher-risk ministry position with youth.



Covenant of Care Form - Appendix 361G

Covenant of Care for

Name of ministry or program

Office/Parish/Camp/Other approved organization

I understand that my actions in ministering and serving in the Archdiocese are to be consistent with the teachings of the Catholic Church and exercised in a pastoral manner toward all people.

Therefore:

I promise that in all my relationships with children/youth/vulnerable persons I will follow appropriate action as defined by my orientation and training.

I promise to use only the physical contact that is deemed appropriate in reference to Policy No. 354 Abuse and related Appendix 354H Physical Contact, which I have read and understand.

I promise to use appropriate language.

I promise to serve others always in keeping with the teaching of the Church on human dignity.

I promise that I will not harass others as specified in Policy No. 353 Workplace Violence.

I promise to respect confidentiality and privacy, unless a child, youth or vulnerable person is in danger, then I will report to a child protection agency or the police.

I promise that I will keep confidential any personal information acquired either in verbal or written form that comes to me as a result of carrying out my responsibilities as a volunteer in the parish/camp/or organization.

I understand that any type of abuse will not be tolerated. I understand that any allegation of abuse made against me will result in my immediate removal from the ministry or program and, subject to the results of an investigation in accordance with archdiocesan protocols, that it may end the volunteer relationship.

I will consult with my director, pastor, or volunteer leader should I require further clarification concerning my ministry or service.

I have read and agree with this Covenant of Care.

Name of Volunteer

Signature of Volunteer

Date (day/month/year)

Witnessed by
Name of Director/Pastor/Volunteer Leader

Signature of Director/Pastor/Volunteer Leader

Date (day/month/year)

Note: The Director, Pastor, Volunteer Leader will be notified should the volunteer leader or volunteer be released from the ministry or program responsibilities as a result of a violation of the Covenant of Care. The parish of the volunteer will always be notified.

