

Responsible Ministry & Safe Environment  
 Roman Catholic Diocese of Victoria  
 Volunteer Application Form



Name

Date of birth (MM/DD/YY)

Address

Phone: Daytime

Evening

Cell

Fax

Email address

Parish

School and Student Name (if applicable)

Type of volunteer work desired

Catholic Organization / Group

Relevant Background

Work Experience (please describe current or past employment experience)

Volunteer Experience

Special training, skills, hobbies, interests, languages spoken or written

Do you have a valid driver's license?

Yes

No

Class 4

Do you have \$2 million vehicle liability insurance? Yes

No

(for volunteer drivers only)

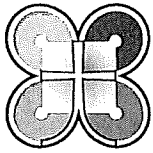
Have you ever been charged or convicted of a criminal offence?

Yes

No

Details \_\_\_\_\_





# Responsible Ministry & Safe Environment

Roman Catholic Diocese of Victoria



## Volunteer References

Name

Address

Phone: Daytime  Evening  Cell

Relationship  Times available

Name

Address

Phone: Daytime  Evening  Cell

Relationship  Times available

## Volunteer Statement

Recognizing the responsibility of the Roman Catholic Diocese of Victoria to protect all persons in its care:

- I have truthfully answered the above questions;
- I agree that the references listed above may be contacted;
- I agree to complete abuse prevention training associated with working/volunteering in the Roman Catholic Diocese of Victoria;
- If required by the nature of my position, I agree to apply to the Criminal Record Review Program for a criminal record check; and,
- I agree to read and sign the Covenant of Care Agreement prior to starting my volunteer ministry.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if under 19 years of age) \_\_\_\_\_

OFFICE USE ONLY	Position Risk Level	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Signed Covenant of Care received				Date: _____
Criminal Record Review Program clearance letter received				Date: _____
Proof of vehicle insurance received				Date: _____
Training session attended				Date: _____
Interview completed				Date: _____
References checked				Date: _____

APPROVED (Parish/School Responsible Ministry Coordinator)

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