



St. Patrick Parish
Volunteer Ministry INFORMATION FORM



Name of Ministry applied for: _____

Are you a registered Parishioner at St. Patrick's Parish Yes No (please send me registration form)

Personal Information Adult / Youth Under 18 - (under 18 must complete consent form)

Name of Volunteer (please print) _____

First Name

Last Name

Address: _____

City: _____ P.C. _____

Home phone _____ Cell phone _____

Email Address: _____

Number of years at current address _____

If less than 6 months, please provide previous address

Address _____ city _____ P.C. _____

Volunteer Experience

Please list your last 2 Volunteer Experiences

1. Role: _____ Agency: _____

2. Role: _____ Agency: _____

Availability

What times are you available for volunteering

Daily _____ Weekly _____ Monthly _____ occasional special events _____

Daytime _____ Evening _____ Weekend _____

Contact for Interview

What is the best time of day to contact you for follow up interview

Morning _____ Afternoon _____ Evening _____ Anytime _____

CONSENT FOR REFERENCE CHECK

If the Ministry Position you are applying for has been identified as Medium or High Risk, please complete this page. Provide 3 references, friends, professionals, work or volunteer associates, or ministry leaders. Please refrain from listing your current pastor, or family members

CONSENT

I, _____, authorize St. Patrick Parish Screening Committee to contact the references I have provided to collect personal information appropriate to the volunteer position for which I have applied. I understand the information obtained from the reference checks will be kept confidential.

Date: _____ Volunteer Signature _____

LIST REFERENCES HERE

Name of Reference _____

Address: _____

City: _____ P.C. _____

Home phone _____ Relationship to Reference _____

Name of Reference _____

Address: _____

City: _____ P.C. _____

Home phone _____ Relationship to Reference _____

Name of Reference _____

Address: _____

City: _____ P.C. _____

Home phone _____ Relationship to Reference _____

Please complete and email to lmcclemont@stpatrickshamilton.ca

or drop off at St. Patrick Church c/o of Louanne McClemont