



**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 a registration form)*

Personal Information - Adult / Youth under 18 - *(applicants under 18 must complete a consent form)*

Name of Volunteer *(please print)*: _____

Address: _____

City: _____ P.C. _____

Phone: _____ Email address: _____

Number of years at current address: _____ *(if less than six months, please provide previous address)*

Address: _____

City: _____ P.C. _____

Volunteer Experience

Please list your last two volunteer experiences

1. Role: _____ Agency: _____ Date: _____

2. Role: _____ Agency: _____ Date: _____

Availability

What times are you available to volunteer?

Daily _____ Weekly _____ Monthly _____ Occasional Special Events _____

Daytime _____ Evening _____ Weekend _____

Contact for Interview

What is the best time to contact you for a 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 three (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 _____

Reference Information

Name of Reference: _____

Address: _____

City: _____ P.C. _____

Phone: _____ Relationship to Reference: _____

Name of Reference: _____

Address: _____

City: _____ P.C. _____

Phone: _____ Relationship to Reference: _____

Name of Reference: _____

Address: _____

City: _____ P.C. _____

Phone: _____ Relationship to Reference: _____

Please complete and email to parishoffice@stpatrickshamilton.ca
or drop off at St. Patrick Church c/o Sherri Ramirez