

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

Catholic Organization / Group Type of volunteer work desired

Relevant Background

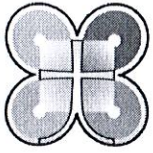
Work Experience (please describe current or past employment experience)

Volunteer Experience

Special training, skills, hobbies or interests

Languages: Spoken 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 in trouble with the law? Yes No



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 attend training associated with working/volunteering in the Roman Catholic Diocese of Victoria;
- I agree to apply to the Criminal Record Review Program for a criminal record check with the understanding that any expenses incurred will be reimbursed by the parish/school for which I am volunteering; 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: _____
APPR VED (Parish/School Responsible Ministry Coordinator)				Date: _____