



Covenant of Care, April 29, 2020

**APPENDIX B  
VOLUNTEER SCREENING FORM**

<b>Full Name of Applicant:</b>			
<b>Contact Information</b>	Street Address	City/Province	Postal Code
	Daytime	Evening	Cell
	Email Address		
<b>Current Parish/Organization:</b>			
Ministry/Program:			
Position Title(s):			
<b>Previous Related Experience</b>	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)
	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)
<b>References</b>			
Please provide the names of three people who can speak to your suitability for this ministry. References should be informed that they might be contacted prior to receiving a phone call.	Name of Reference		
	Relationship	Phone	
	Name of Reference		
	Relationship	Phone	
	Name of Reference		
	Relationship	Phone	
<b>In Case of Emergency</b>			
<b>Contact Information</b>	Full Name	Relationship	
	Daytime	Evening	Cell
<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Covenant of Care Form Received	<input type="checkbox"/> Police Record Check Received & Sent to Diocese	<input type="checkbox"/> Reference(s) Called
If assistance is required with volunteer screening, please contact the Diocesan Coordinator of Care at 306.262.1500.	<input type="checkbox"/> Screening Discussion Complete	<input type="checkbox"/> Volunteer Driver Application & Authorization Received OR <input type="checkbox"/> Not Applicable	
	<input type="checkbox"/> Approved for Ministry OR <input type="checkbox"/> Not Suitable at This Time:		
	Name of Supervisor	Signature	Date