

VOLUNTEER SCREENING FORM

Full Name of Applicant:			
Contact Information	Street Address	City/Province	Postal Code
	Daytime	Evening	Cell
	Email Address		

Current Parish/Organization:			
Ministry/Program:			
Position Title(s):			
Previous Related Experience	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)
	Title		
	Employment/Volunteer Organization	Position	From-To (month/year)

References		
<p>Please provide the names of three people who can speak to your suitability for this ministry.</p> <p>References should be informed that they might be contacted prior to receiving a phone call.</p>	Name of Reference	
	Relationship	Phone
	Name of Reference	
	Relationship	Phone
	Name of Reference	
	Relationship	Phone

In Case of Emergency			
Contact Information	Full Name		Relationship
	Daytime	Evening	Cell

OFFICE USE ONLY	<input type="checkbox"/> Covenant of Care Form Received	<input type="checkbox"/> Police Record Check Received & Sent to Diocese	<input type="checkbox"/> Reference(s) Called
	<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

If assistance is required with volunteer screening, please contact the Diocesan Safe Environment Coordinator at 306.242.1500.