



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 and Student Name (if applicable)

Type of volunteer work desired

Catholic Organization / Group

Relevant Background

Work Experience (please describe current or past employment experience)

Volunteer Experience

Special training, skills, hobbies, interests, languages spoken or written

|  |     |    |                                     |
|--|-----|----|-------------------------------------|
| Do you have a valid driver's license?                          | Yes | No | Class 4                             |
| Do you have \$2 million vehicle liability insurance?           | Yes | No | <i>(for volunteer drivers only)</i> |
| Have you ever been charged or convicted of a criminal offence? | Yes | No |                                     |
| Details _____  |     |    |                                     |



# 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 complete abuse prevention training associated with working/volunteering in the Roman Catholic Diocese of Victoria;
- If required by the nature of my position, I agree to apply to the Criminal Record Review Program for a criminal record check; 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 | Low | Medium | 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:  |             |
| APPROVED (Parish/School Responsible Ministry Coordinator) |                     |     |        | Date: _____ |