

St. Anthony's Parish

2704- 56th Avenue
Lloydminster, Alberta

P:(780) 875-2883
F: (780) 875-2891

Dear Volunteer,

Thank you for giving your time to serve others. We are so grateful that you are interested in sharing your talents and gifts. We want this to be a great opportunity for you to give, share and learn with others. Most importantly we want you to feel passionate about what you are doing. Please feel free to let us know all of your interests and ideas, because we would love to help you be successful in your role!

In order to successfully meet all the requirements of becoming a volunteer please, fill out the following attached forms and return to the Church Office.

- Volunteer Contact Information Form
- Volunteer Ministry of Interest Information Form
- Review & Sign Covenant of Care Form (Please read Volunteer Policy Package prior to signing)
- Vulnerable Persons Volunteer Information Form & References Form (*if working with youth, disabled or the elderly*)
- Obtain a Criminal Record Check from Police Department (*if working with youth, disabled or the elderly*)
- You will also need to complete the Called to Protect Course within the same year that you become a new volunteer (*offered at various times throughout the year*)

Thank you so much for your effort! We are so excited to have you as a part of the team!

Volunteer Contact Information Form

Volunteer Information

Name: _____

Date of Birth (m/d/y): _____

Address: _____

Phone Number (H): _____

(M): _____

Email: _____

Religion: _____

Medical Conditions: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number (H): _____

(M): _____

Declaration: I certify that the information provided on this volunteer application form is true and complete. I understand that this information will remain confidential and is the property of the Archdiocese including its offices, parishes, camps, or other approved organizations, Newman Theological College or St. Joseph Seminary. I further understand that my contact information will be given to the appropriate ministry or program leader. I understand that as a volunteer of the office, parish, camp or approved organization, I will be expected to comply with the volunteer commitments. I also understand that should I fail to comply with the Volunteer Management Policy and Procedure or fail to keep the commitment related to the ministry or program, my participation will be re-evaluated or terminated. I also consent to the free use of my recorded image, either by photograph or video, and used for future advertisement of Parish programs, unless other written instructions are provided to the parish. I understand the contents of this Volunteer Application Form.

Signature of Applicant

Date

Volunteer Ministry of Interest Information Form

Ministry/Program of Interest: _____

Position: _____

Director/Pastor/Volunteer Leader: _____

Day and Time of Meetings/Participation: _____

Location of Meetings/Participation: _____

What is your motivation for applying to serve in this ministry?

Do you have any formal training that may relate to this ministry?

What skills and prior experience do you have?

Describe your strengths & special talents:

Describe your weaknesses:

What are your hobbies/interests?

Covenant of Care Form- Appendix 361G

Covenant of Care for _____

Name of Ministry of Program

Office/Parish/Camp/Other approved Organization

I understand that my actions in ministering and serving in the Archdiocese are to be consistent with the teachings of the Catholic Church and exercised in a pastoral manner toward all people.

Therefore:

I promise that in all my relationships with children/youth/vulnerable persons I will follow appropriate action as defined by my orientation and training.

I promise to use only the physical contact that is deemed appropriate in reference to Policy No. 354 Abuse and related Appendix 354H Physical Contact, which I have read and understand.

I promise to use appropriate language.

I promise to serve others always in keeping with the teaching of the Church on human dignity.

I promise that I will not harass others as specified in Policy No. 353 Workplace Violence.

I promise to respect confidentiality and privacy, unless a child, youth or vulnerable person is in danger, then I will report to a child protection agency or the police.

I promise that I will keep confidential any personal information acquired either in verbal or written form that comes to me as a result of carrying out my responsibilities as a volunteer in the parish/camp/or organization.

I understand that any type of abuse will not be tolerated. I understand that any allegation of abuse made against me will result in my immediate removal from the ministry or program and, subject to the results of an investigation in accordance with archdiocesan protocols, that it may end the volunteer relationship.

I will consult with my director, pastor, or volunteer leader should I require further clarification concerning my ministry or service.

I have read and agree with this Covenant of Care.

Name of Volunteer

Signature of Volunteer

Date

Witnessed by Name of Pastor/Volunteer Leader

Signature of Pastor/Volunteer Leader

Date

For Those Participating in Ministries Involving children & youth, disabled individuals or elderly people.

The Following Additional Forms need to be completed.

Vulnerable Persons Volunteer Information Form

Do you have any prior experience working with (children or teen youth/disabled individuals/elderly people) ?

Do you have any specific training for working with (children or teen youth/disabled individuals/elderly people) ?

Why are you most interested in working with (children or teen youth/disabled individuals/elderly people) ?

References

Please provide three references, both professional & personal

1	Name of Reference:
	Relationship:
	Organization:
	Phone Number:
	Email Address:
2	Name of Reference:
	Relationship:
	Organization:
	Phone Number:
	Email Address:
3	Name of Reference:
	Relationship:
	Organization:
	Phone Number:
	Email Address:

Please Initial

I agree to comply with obtaining a Police Information Check (PIC)/Criminal Record Check (CRC) before I participate in any medium/high risk or youth related ministry and program positions.

I authorize the volunteer screening coordinator or designated individual to contact the references that I have provided on this Volunteer Application Form in order to collect the information that is appropriate to the position. I understand the information obtained will be confidential

I also agree to comply with obtaining an Intervention Record Check as per the Child, Youth and Family Enhancement Act before I participate in a higher risk ministry position with youth.

Signature of Applicant: _____ Date: _____

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To Whom It May Concern:

Re: Confirmation of Volunteerism

This letter is to confirm that _____ will be serving as a volunteer within St. Anthony's Parish in Lloydminster, AB. This may also include affiliated summer camps and other outreach ministries. All which are under the guidance of the Catholic Archdiocese of Edmonton, AB.

As such, we are requesting that he/she obtains:

A Criminal Record Check and a Vulnerable Sector Check (for those working with persons under the age of 18)

Thank you for your help in this matter.