VOLUNTEER FORM

_____ **PARISH**

Name: _____ Date of Birth: _____/_____/_____
yyyy / mo / day

Address: _____

City: _____ Province: _____

Postal code: _____ Home Phone: _____

Work Place: _____ Work Phone: _____

E-Mail: _____

Please provide a Contact in case of an Emergency:

Name: _____ ***Relationship to applicant:*** _____

Phone: (Home)_____ ***(Other)***_____

Have you held a volunteer position with another organization/Parish? Yes No

If **Yes,** specify : _____

_____

How long have you been a member of this parish community? _____

Ministry position(s) you are currently involved in:

_____

_____

I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is property of the Parish. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator so that she/ he may contact me.

Signature: _____ Date: _____