

E.3. – Additional Information for High Risk Ministry Applications

a. References Provided by Applicant

Provide three references who can describe your suitability for this ministry (e.g., family (only 1), friends, neighbours, other parishioners, coworkers, professionals). Notify these people that the parish will be contacting them.

Name: _____ Relationship to applicant: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Name: _____ Relationship to applicant: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Name: _____ Relationship to applicant: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

b. Consent

I, _____, authorize the Ministry Leader/Coordinator
(name of applicant)

of _____ to contact the references that I
(name of parish)

listed on this Volunteer Information Form, in order to collect the information that is appropriate to the position. I understand that the information obtained will be confidential.

Signature: _____ Date: _____

c. Police Records Check

I agree to comply with obtaining a Police Records Check before I can participate in a high-risk ministry position. I understand that only the Pastor reviews this information.

Signature: _____ Date: _____

RETURN COMPLETED FORM TO PARISH