

E.2. - Volunteer Information and Application Form for Youth  
(under 18 years of age)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please provide a Contact in case of an Emergency:

Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Ministry position(s) for which you are applying or are currently involved in:

\_\_\_\_\_

If this ministry is not available, would you consider a different ministry?  Yes  No

If yes, which other ministries might interest you? \_\_\_\_\_

\_\_\_\_\_

Sign initials that the following have been received and read:

\_\_\_\_\_ The Ministry Role Description for the position for which I am ministering.

\_\_\_\_\_ The *Called, Gifted & Sent*, Section III Expectations and Guidelines for Volunteer Ministers,

\_\_\_\_\_ The contact information of my Ministry Leader/Coordinator:

E.2. - Volunteer Information and Application Form for Youth continued

Declarations

I am aware of the responsibilities and the limits of this ministry position and agree to meet them. I understand that I represent this parish as a volunteer only when I am functioning as described in the Role Description. I agree to keep confidential any information that I may come across regarding the affairs of this parish, its clergy, other volunteers, and parishioners, unless otherwise directed by law or by authorities from the Diocese of London.

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 Leader/Coordinator so that he or she may contact me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry Leader/Coordinator

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Consent

I give my permission for \_\_\_\_\_, to volunteer at  
(name of applicant)

\_\_\_\_\_ and I take responsibility for  
(name of parish)

her/him. I understand that she/he is to participate as a parish volunteer and will be expected to comply with the *Called, Gifted & Sent* Resource Manual and to be faithful in honouring her/his volunteer commitments. I also understand that should she/he fail to comply with the *Called, Gifted & Sent* Resource Manual or fail to keep a commitment without giving adequate advance notice, her/his participation may be re-evaluated. I understand the contents of this Volunteer Information Form.

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_