

Volunteer-Minister Information Form

Diocese of Thunder Bay

_____ (Parish / Faith Community)

Name of Applicant: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone: (res.) _____ (business) _____

Choice(s) of Volunteer-Ministry:

1. _____

2. _____

3. _____

If these choices are not available at this time, would you consider a different position? _____

Identify your previous volunteer-ministry position(s):

(Please use the other side of this form if more space is required.)

Parish/Group

Volunteer Position

No. of years of service:

Date:

Signature:

Note: The information requested below is optional.

Fax:

email:

Emergency Contact: (Who can we call if you become ill or are injured?)

Name:

Phone:

Volunteer-Minister Information Form – Part 2 - References

To be completed by applicants for high risk (level 2) positions only.

References (List three references, i.e. priest, faith group leader, co worker)

1. Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: (res.) _____ (business) _____

Position held: _____

2. Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: (res.) _____ (business) _____

Position held: _____

3. Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: (res.) _____ (business) _____

Position held: _____

Date: _____ Your Name:(please print) _____

Applicant's Signature: _____

[Copy this form letter on *letterhead* as a reference for the Police department.]

Authorization for the collection of personal information

I, _____, hereby authorize
(Name of applicant)

(Parish / Diocese)

to collect personal information appropriate to the position I have applied for which is
_____.

I further understand I will be required to take this letter to my local police department in order to supply a Police Records Check for the position I am seeking.

I understand that the information obtained will be **confidential** and that I will be informed and asked permission if it is to be shared with relevant organizations within the Diocese.

Signature of Applicant: _____

Date: _____

On behalf of the Parish/Diocese

Name: (please print) _____

Position: _____

Signature: _____

Volunteer-Minister Assignment Agreement
(For Risk Level 2 Volunteers)
Diocese of Thunder Bay

I, _____ hereby declare
Name (please print):

that I have received and read the following documents and/or discussed them with the representative(s) of the parish/group:

Diocesan Screening Policy
The Volunteer-Ministry Description
Supervision and Evaluation Policies

and that I have provided the parish/group with the following:

A completed Information Form
References
A Police Record Check

Furthermore, I agree to fulfill the following ministry:

serving the people entrusted to me, according to the values of the parish/group.

Date: _____ Signature: _____

Accepted on behalf of the parish/group by:

Name (please print) _____

Position: _____

Date: _____ Signature: _____

Volunteer-Minister Supervision and Evaluation Form

Diocese of Thunder Bay

(This form is to be completed by the parish/group member responsible for the Screening in Faith process. Please use one form per volunteer)

Volunteer: _____

The ministry as a _____ takes place at

_____.

As of this date: _____

In order to ensure the best possible experience for volunteers and participants, I have made the following checks:

I have met the following participants:

We have discussed the following:

Volunteer-Minister Supervision and Evaluation Form

I feel that:

- The program meets the expectations of the participants.
- The program does not meet the expectations and should be terminated as of this date _____
- The program should be modified in order to meet the expectations of the participants as follows: _____

- The ministry description should be amended to include the following: _____

- The volunteer-minister fulfills her/his ministry according to the policies and the Assignment Agreement
- The volunteer-minister should improve the following: _____

- The volunteer-minister should be replaced immediately for the following reasons: _____

This evaluation was discussed with and inserted in the file of:

Name _____

Signature _____

Volunteer-ministry _____

Date: _____ Name (please print): _____

Position: _____

Signature: _____

Telephone Reference Check Form

Applicant's Name _____

Position Applied For: _____

Referee: _____

Position/Title: _____ Organization: _____

Relationship to candidate: _____

Phone No. _____ Fax No. _____

Date(s) of ___ attempts to reach _____ conversation
___ Referee unable/unwilling to provide a Reference

1. Introduce yourself and purpose of call
2. Verify referee's current and past relationship to the candidate, and the length of time they have known the candidate
3. Verify the information already provided by the candidate (e.g. Dates of employment/volunteering, positions, responsibilities, reason for leaving)
4. Explain the position
5. Ask specific questions, the same ones for all candidates.

Would you comment on (candidate's) qualifications for the position?

Could you describe the primary responsibilities in the position(s) (candidate) held with your organization?

On what activities did (candidate) spend most of her/his time?

What criteria were used to evaluate (candidate's) performance?

Were you satisfied with the results?

Given the opportunity would you rehire this individual? ___ Yes ___ No

(If no, why not?)

Are there any other details you might be able to share with me about (candidate's) work related characteristics that might help in our decision?

Thank the referee for her/his time and assistance

Signature: _____ Date: _____