

# VOLUNTEER MINISTRY APPLICATION FORM<sup>1</sup>

LAST NAME	FIRST NAME IN FULL	MIDDLE NAME IN FULL
_____		
Address_____		Postal Code_____
Home Phone_____	Work Phone_____	
Date of joining this Parish _____		
Volunteer Position Requested _____		
Reason for applying:		

References: *Please note that references may be called to prior to acceptance of your application.*

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

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency contact:

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

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have any health concerns of which we should be aware?

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**OFFICE USE:**

**DOCUMENTS REQUESTED:**

**APPLICATION**

**POLICE RECORD CHECK**

**REQUIRED YES/NO**

**SUBMITTED YES/NO**

**CHILD WELFARE CHECK**

**REQUIRED YES/NO**

**SUBMITTED YES/NO**

***DIOCESAN POLICY ROUTINELY REQUESTS POLICE RECORD CHECKS AND CHILD WELFARE CHECKS FROM VOLUNTEERS APPLYING TO EXTREMELY HIGH RISK MINISTRIES***

\_\_\_\_\_ <sup>1</sup> ADAPTED FROM MATERIAL DEVELOPED BY THE SCREENING COMMITTEE OF THE PARISH OF CHRISTCHURCH