Volunteer Application / Identification Form						
Parish / Office :						
Last Name						
First Name						
Full Name at Birth						
Adress :						
Postal Code :						
Phone :	**Home:**		**Mobile:**		**Work:**	
E-mail :						
Choices of Volunteer positions you are interested in :	**1.**					
	2.					
	3.					
If these choices are unavailable would you consider another position?	**YES**	❑	**NO**	❑		
When do you wish to volunteer?						
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Morning							
Afternoon							
Evening							
Have you volunteered for other organizations? If yes, please describe your duties.	**YES**	❑	**NO**	❑		
What skills and experiences would be helpful to you as a volunteer?							

What do you hope to gain through your experience?

REFERENCES						
Please list three references other than relatives including one coming from your Parish whom you authorize to contact (for example : employer, professional or faith group leader).						
References 1						
Last Name						
First Name						
Address :						
Postal Code :						
Telephone	**Home:**		**Mobile:**		**Work:**	
E-mail :						
Relationship to applicant :						
References 2						
Last Name						
First Name						
Address :						
Phone	**Home:**		**Mobile:**		**Work:**	
Code Postal :						
E-mail :						
Relationship to applicant :						
References 3						
Last Name						
First Name						
Address :						
Postal Code :						
Phone	**Home:**		**Mobile:**		**Work:**	
E-mail :						
Relationship to applicant :						

I recognize that I am not guaranteed any position in the parish / Office.

I authorize The Archdiocese of Montreal

to verify my references I have provided as well as carrying out a criminal background check. I am aware that all information gathered will be kept confidential.

Date		**Signature**	