

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	
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