



ANNUNCIATION OF THE LORD RC CHURCH

2414 Ogilvie Road, Ottawa, Ontario, K1J 7N5

Phone: 613-745-7774 Fax: 613-745-7877

www.annunciation-ottawa.org

VOLUNTEER INFORMATION FORM

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ (Other) _____

Email: _____
(please print clearly)

Previous Address if less than 2 years at current address: _____

Work Place: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION:

| |
|---|
| <p>Please provide a contact in case of an emergency</p> <p>Name: _____</p> <p>Phone: 1st _____</p> <p> 2nd _____</p> <p>Relationship to Volunteer: _____</p> |
|---|

Are there any allergies or a medical condition that should be noted? (ex: peanuts) _____

VOLUNTEER OPPORTUNITIES

In which Ministry/team would you like to serve? _____

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

If yes, in which ministries are you interested? _____

EXPERIENCE:

What gifts, talents and skills do you feel you bring to this parish ministry or team?

What experiences in your life do you feel have prepared you for this ministry?

VOLUNTEER EXPERIENCE:

Have you ever been a volunteer with another parish/organization? Yes No

If yes, please specify parish/organization and telephone number for reference purposes.

Position: _____

Organization: _____

Contact person & Number: _____

Position: _____

Organization: _____

Contact Person & Number: _____

PERSONAL BACKGROUND AND REFERENCES:

Have you ever been convicted of a criminal offence for which you have not received a pardon?

Yes

No

Volunteer positions are assessed according to three risk levels; **Low, Medium, or High.** The assessment includes, but is not limited to the following criteria:

- Vulnerability of those served
- Nature of the service / position
- Context of the service / position
- Degree of supervision given or received

A: LOW RISK

If the ministry you are seeking has been identified as Low Risk, please sign and return this form to the Coordinator.

- I certify that the information that is provided on this Volunteer Information Form is true and complete.
- I understand that this information will remain confidential and is the property of the Parish.
- If I have indicated that I would consider volunteering in another area of ministry then I understand that my name and phone number will be given to the appropriate ministry leader so that they may contact me. I understand that if that ministry has a risk level higher than the one for which I am volunteering, it will require additional screening procedures.

Signature: _____

Date: _____

IF THE MINISTRY YOU ARE SEEKING HAS BEEN IDENTIFIED AS HIGH OR MEDIUM RISK, PLEASE COMPLETE THE NEXT SECTION

B: MEDIUM OR HIGH RISK

If the ministry you are seeking has been identified as Medium or High Risk, please sign and return this form to the Coordinator. Please provide three references who can describe your suitability for this ministry. References should not be family members: however, they may be other parishioners who know you or other people with whom you have worked.) Please remember to notify these people that the parish will be contacting them.

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Relationship to Volunteer: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Relationship to Volunteer: _____

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Relationship to Volunteer: _____

For medium or high risk ministries:

I _____, authorize the Parish Responsible Ministry Coordinator of Annunciation to contact the character references and/or volunteer organization which I have listed on this Information Form, in order to obtain the information which is appropriate. I understand that the information obtained will be confidential.

Signature: _____

Date: _____

C: FOR HIGH RISK MINISTRIES ONLY

I further agree to provide a Police Record check if I am called for an interview for a high risk ministry.

Signature: _____

Date: _____

Please return this completed form to the Parish Responsible Ministry Coordinator