



# St Alphonse Roman Catholic Church

*Celebrating 100 Years of Faith Community*

341 Munroe Avenue, Winnipeg, MB R2K 1H2

## Application Information Form for Volunteers

Volunteer Position: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Reasons for Volunteering:

Skills Development \_\_\_\_\_ Learn new skills \_\_\_\_\_ Help Others \_\_\_\_\_

Give back to the Parish \_\_\_\_\_ Have Spare Time \_\_\_\_\_ Personal Growth \_\_\_\_\_

Others: \_\_\_\_\_

Special Skills, Training, Hobbies, Interests: \_\_\_\_\_

Any other information about you that we should know: \_\_\_\_\_

Please list the names & phone numbers of 3 individuals we may call for a reference. *(These individuals may be fellow parishioners).* 1. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and the property of St Alphonse Parish.*

*I agree to comply with obtaining Criminal Record and Abuse Registry Checks if this is required of my volunteer position. I am aware of the responsibilities and the limits of this ministry position and agree to meet them. I understand that I represent this Parish as a volunteer only when I am functioning in my position. I agree to keep confidential any information that I may come across regarding the affairs of this parish, its clergy, other volunteers and parishioners unless otherwise directed by the law or the authorities from the Archdiocese of St Boniface.*

Date of Application: \_\_\_\_\_ Received in Parish Office: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please provide a contact in case of an emergency:

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_