

## YOUTH VOLUNTEER INFORMATION FORM

It is the policy of the Archdiocese to monitor all Parish Volunteer Ministry Positions.

## THIS FORM IS ONLY TO BE USED FOR PERSONS UNDER 18 YEARS OF AGE

Name:		
Address:		
City/Town: Provin	Province:	
Postal Code: Home Phone:	_ Cell Phone:	
E-mail Address:		
Date of Birth:		
Emergency Contact Please provide a contact in case of an emergency:		
Name:		
Phone: (Home) Other:		
Relationship to applicant:		
FOR PARISH USE ONLY Parish Name:		
Ministry Position(s):		
Date Commissioned (if applicable):		

Ministry position(s) for which you are applying or are currently involved in:		
If this ministry is not available, would you consider a	lifferent ministry? Yes No	
Youth Age 14 to 17  I certify that the information 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. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact me.		
Signature:	Date:	
Parent/ Guardian Consent		
I give my permission for	(name of applicant) to	
volunteer at		
Print Name:	Phone:	
Relationship to applicant:		
Signature:	_	
Date:		