

**PLEASE COMPLETE THIS PAGE FOR MEDIUM & HIGH RISK MINISTRY POSITIONS
and return to parish**

References

Please provide three references that can describe your suitability for this ministry ((e.g., friends, neighbours, other parishioners, work associates, etc.)

Please remember to notify these people that the parish will be contacting them.

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone Number _____

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone Number _____

Name _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone Number _____

Consent

I, (NAME), authorize the Parish Volunteer Screening Coordinator of (PARISH NAME) to contact the references that I have provided on this Volunteer Information Form, in order to collect the information that is appropriate to the position. I understand that the information obtained will be confidential.

Signature: _____ Date: _____

POLICE INFORMATION CHECK (PIC)

I agree to comply with obtaining a Police Information Check (PIC) before I can participate in a high-risk ministry position.

Signature: _____ Date: _____