

## De Mazenod Door Outreach Volunteer Information Form



Name of Ministry applied for (check all that you are interested in):								
	De Mazenod Door	De De	Mazenod Farm		Humankind Gift Store			
Personal Information - Adult / Youth under 18 - (applicants under 18 must complete a consent form)								
Name of Volu	unteer (please print): _							
	ress: Postal Code:							
	one:Email address:							
Number of years at current address: ( <i>if less than six months, please provide previous address</i> )								
Address:								
					Code:			
Volunteer Experience								
		Volun	teer Experien	ce				
Please list you	ur last two volunteer ex		teer Experien	ce				
		periences:	<u> </u>		Date:			
1. Role:	ur last two volunteer ex	periences: Organizatio	n:		-			
1. Role:		periences: Organizatio	n:		-			
1. Role:		periences: Organizatio _ Organizatio	n:		-			
1. Role: 2. Role:		periences: Organizatio _ Organizatio	n:		-			
1. Role: 2. Role: How often are		periences: Organizatio _ Organizatio eer?	n:		-			
1. Role: 2. Role: How often are	you available to volunt	periences: Organizatio _ Organizatio eer?	n: n: Availability Monthly		Date:			

## **CONSENT FOR REFERENCE CHECK**

Please provide three (3) references - friends, professionals, work or volunteer associates or ministry leaders. <u>Please refrain from listing your spouse or other family members.</u>

## CONSENT:

I, \_\_\_\_\_\_, authorize De Mazenod Door Screening Committee to contact the references I have provided to collect personal information appropriate to the volunteer position for which I have applied. I understand the information obtained from the reference checks will be kept confidential.

Date:	Volunteer Signature							
Reference Information								
Name of Reference:								
Address:								
		Postal Code:						
Phone:	Relationship to Reference:							
Name of Reference:								
Address:								
		Postal Code:						
Phone:	Relationship to Reference:							
Name of Reference:								
Address:								
		Postal Code:						

Please email completed form to volunteer@demazenod-door.ca

or drop off at St. Patrick Church c/o Patrick MacCarthy



## De Mazenod Door Outreach Parental Consent Form



Th	is form is to be completed for a	ny volunteer under the age of	18.			
Name of Volunteer:		Year of Birth:				
Volunteer Position:	De Mazenod Door	De Mazenod Farm				
Parent or Guardian Name:						
<ul> <li>✓ I understand that he or responsibilities of the</li> <li>✓ Further, I agree to condition</li> </ul>	ny son/daughter to participate or she is expected to comply v position description. nmunicate any significant hea e given to health care professi	vith the Volunteer Guideline	es and the activities and the			
Health Problems and Allergies						
Medication or Treatment:						
Health Card/OHIP Number: _		Expiry Date:				
Physician Name:		Telephone Number:				
Address:						
(Street,	)	(City)	(Postal Code)			
Telephone (Primary):	E-r	nail Address:				
Relationship to Volunteer:						
*** Please provide an	additional Emergency conta	ct name:				
Name:						
Address:						
(Street,	)	(City)	(Postal Code)			
Telephone (Residence):	E-	mail Address:				
Relationship to Volunteer:						
Parent or Guardian Sig	nature:					
Information	provided will be used for De M	lazenod Door volunteer purpo	oses only.			
Please emai	completed form to volunteer at St. Patrick Church d	-	o off in person			