



# De Mazenod Door Outreach Volunteer Information Form



Name of Ministry applied for (check all that you are interested in):

De Mazenod Door

De Mazenod Farm

Humankind Gift Store

## Personal Information - Adult / Youth under 18 - (applicants under 18 must complete a consent form)

Name of Volunteer (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Number of years at current address: \_\_\_\_\_ (if less than six months, please provide previous address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Volunteer Experience

Please list your last two volunteer experiences:

1. Role: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

2. Role: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

## Availability

How often are you available to volunteer?

Weekly

Monthly

Occasional Special Events

What time of day are you able to volunteer (please check all that apply)?

Days

Evenings

Weekends

Anytime

## CONSENT FOR REFERENCE CHECK

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

### 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: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

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Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

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Please email completed form to [volunteer@demazenod-door.ca](mailto:volunteer@demazenod-door.ca) or drop off at St. Patrick Church c/o Nicole Brochu