



VOLUNTEER INFORMATION FORM

for MINORS

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____

School Attending: _____ Grade: _____

PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY

Name _____

Primary Phone # _____ Alternate Phone # _____

Relationship to applicant: _____

Please identify the Ministry position(s) for which you are applying/considering or in which you are currently involved:

I understand that I must take my volunteer commitment seriously. I understand that failure to comply with my volunteer responsibilities will result in a range of actions from retraining/orienting, reassigning to a more suitable position, suspension, or termination depending on the degree of seriousness or impact.

Printed Name of Minor

Primary Phone Number

Signature of Minor

I am the parent/legal guardian of _____. I understand that this information will remain confidential and is property of the Parish. As well, I understand that my child's name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact myself or my child.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Primary Phone Number