

### Volunteer Application / Identification Form

**Parish / Office :**

**Last Name**

**First Name**

**Full Name at Birth**

**Adress :**

**Postal Code :**

**Phone :**

**Home:**

**Mobile:**

**Work:**

**E-mail :**

**Choices of Volunteer positions you are interested in :**

1.

2.

3.

**If these choices are unavailable would you consider another position?**

**YES**

**NO**

**When do you wish to volunteer?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**Have you volunteered for other organizations? If yes, please describe your duties.**

**YES**

**NO**

**What skills and experiences would be helpful to you as a volunteer?**

What do you hope to gain through your experience?

**REFERENCES**

Please list three references other than relatives including one coming from your Parish whom you authorize to contact (for example : employer, professional or faith group leader).

**References 1**

Last Name						
First Name						
Address :						
Postal Code :						
Telephone	Home:		Mobile:		Work:	
E-mail :						
Relationship to applicant :						

**References 2**

Last Name						
First Name						
Address :						
Phone	Home:		Mobile:		Work:	
Code Postal :						
E-mail :						
Relationship to applicant :						

**References 3**

Last Name						
First Name						
Address :						
Postal Code :						
Phone	Home:		Mobile:		Work:	
E-mail :						
Relationship to applicant :						

I recognize that I am not guaranteed any position in the parish / Office.

I authorize The Archdiocese of Montreal

to verify my references I have provided as well as carrying out a criminal background check. I am aware that all information gathered will be kept confidential.

Date		Signature	
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