



VOLUNTEER INFORMATION FORM (YOUTH)

The Diocese of Calgary is dedicated to strengthening its parish communities. It is the policy of the Diocese for its parishes to screen all Parish Volunteer Ministry Positions and to conduct appropriate Volunteer Screening Practices.

Youth's Name:	Date of Birth:		
Address:			
City:	Province:	Postal Code:	
Parent's Phone: (Home)	(Work)	(Cell)	
Parent's Email:			
PARENTS: May we have your per with you (your email will not be s	•	ddress to communicate information on or place)?	
Which Sunday Mass does your family regularly attend (please choose only one)?			
5:00pm (Sat)	9:00am (Sun)	11:00am (Sun)	
PLEASE PROVIDE A CONTACT IN CASE OF AN EMERGENCY			
Name:			
Home Phone:	Other Phone:		
Relationship to applicant:			
How long has your family been members of the St. Martha's Parish community?			
Please identify the Ministry posit he/she is currently involved:	ion(s) for which your youth	is applying/considering or in which	



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If this ministry is not available, would your you	outh consider a different ministry?
If yes, which other ministries might interest	your youth?
I give permission for my youth to volunteer w	with the above requested ministry
I understand that this information will remai	s Volunteer Information Form is true and complete. in confidential and is the property of the Diocese. As number will be given to the appropriate Ministry tact me.
Youth Working with Younger Children and ta understand that failure to comply with my yo actions from retaining/orienting, reassigning or legal action depending on the degree of se and procedures are subject to change and th	an Code of Pastoral Conduct and Accountability for the my youth's volunteer commitment seriously. I puth's volunteer responsibilities will result in a range of to a more suitable position, suspension, termination eriousness or impact. I understand that these policies that I can access the "Strengthening Our Parish an website at www.catholicyyc.ca/volunteerscreening.
Parent's Signature	Parent's Printed Name
 Date	