

Volunteering in Our Diocese

Application Form

Please return this completed form to Elizabeth McCaffrey, Volunteer Resources Coordinator. You may wish to add pages if you require additional space for responses.

Name:			
	first	initial	last
Address: _			
	number	street	Apt No., Unit No., P.O. Box
-	City/Town		Postal Code:
Phone, Fax	x, Email:		
Home #:		(H) Fax:	(H) Email:
Work #:		(W) Fax:	(W) Email:
Best time to c	call? □a.m. □	p.m. Cell #:	
Ministry P	osition: <u>Sup</u>	oorting Congregations]	Facilitator/Consultant
Could Star	·t:	Length of co	ommitment: 2 years- <i>preferred</i> 1 year
List any m	inistries in w	nich you would like to s	erve.
□			□
□			□
Why do yo	ou want to ser	ve in these ministries?	How do you hope to benefit?
Describe y	our Christian	faith and experience.	



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List the qualifications and skills that you bring to these ministries.

Relevant Volunteer Experience: Organization outside the church	Position/Major Responsibility	Dates of service (yy/mm From: To:
Church Experience: Position	Major Responsibility	Dates of service (yy/mm From: To:
I speak these languages other tha	n English:	
Employment/Training Backgrou		
Employer	Position/Major Responsibility	Dates of service (yy/mm) From: To:

- I understand that a volunteer appointment to a ministry position is assessed for risk and that procedures will be put in place to comply with the diocesan screening policy. I know that, for this position, I must provide three references as part of the screening process.
- □ I understand that in accepting a ministry position, I am committing myself to act in compliance with the beliefs, values, policies and processes of the Anglican Diocese of Toronto
- □ I have received a copy of the ministry description and guidelines for the position and understand the responsibilities associated with it. I am aware of the policies that affect this ministry.
- □ I understand that training and accountability are key support for my position. Therefore, I will attend training, as required by the position, and meet regularly with the leader responsible for the ministry to which I am being appointed.

Signature of Applicant

Date



[Parish/ Organization	Name]
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Appendix F

Reference Check Permission Form

I [please print name], give [parish/organization] permission to contact the references listed below to discuss my suitability as a [ministry position title].

Signature: _

Date: _____

List three persons who have knowledge of your qualifications. Your references should be people you know through different relationships and/or situations. For example: a family member, a friend and an employer (paid or volunteer position). Ideally the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 5 years.

If you have moved from another parish within the last 12 months, please provide one reference from your previous parish.

Referen Name:	ce One				
	first	initial	last		
Address	number	street		Apt No., Unit No., P.O Box	
DI	City/Town			Postal Code:	
		Fax:			
Best time to call? \Box a.m. \Box p.m.			Cell #:		
Relationship to the candidate:				Length of relationship:	
Referen Name:	ice Two				
Traine:	first	initial	last		
Address	number	street		Apt No., Unit No., P.O Box	
		sireei			
	City/Town			Postal Code:	
Phone:		Fax:	Email:		
Best time to call? \Box a.m. \Box p.m.			Cell #:		
Relation	ship to the candi	idate:		Length of relationship:	
Referen Name:	ce Three				
	first	initial	last		
Address	number	street		Apt No., Unit No., P.O Box	
	City/Town			Postal Code:	
Phone:		Fax:	Email:		
Best time	e to call? \Box a.m.	. □ p.m.	Cell #:		
Relationship to the candidate:				Length of relationship:	