

***\* PLEASE COMPLETE THIS PAGE FOR HIGH-RISK MINISTRY POSITIONS \****

Please provide **three references** that can describe your suitability for this ministry (e.g. friends, neighbours, other parishioners, work associates, etc. – NO immediate family members) and provide **at least ONE** contact method (phone OR email) for each.

*Please remember to notify your references that the Parish will be contacting them.*

Name _____	Phone # _____
Email Address _____	

Name _____	Phone # _____
Email Address _____	

Name _____	Phone # _____
Email Address _____	

***Consent***

I, \_\_\_\_\_ (**PRINT NAME**), authorize the Screening Coordinator of **St. Patrick Parish** to contact the references that I have provided on this Volunteer Information Form, in order to collect the information that is appropriate to the position. I understand that the information obtained will be confidential.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POLICE INFORMATION CHECK (PIC)**

***I agree to comply with obtaining a Police Information Check (PIC) before I can participate in a High-Risk ministry position.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_