



VOLUNTEER SCREENING MANUAL  
OF THE ROMAN CATHOLIC EPISCOPAL CORPORATION  
OF THE DIOCESE OF HAMILTON IN ONTARIO

APPENDIX A

VOLUNTEER FORMS



## VOLUNTEER FORMS LISTING

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**Diocese of Hamilton  
Volunteer Information Form**

Parish/ Division \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone (Res) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ Telephone (Bus.): \_\_\_\_\_

If you are new to the Parish, what was your previous Parish? \_\_\_\_\_

Number of years at current address: \_\_\_\_\_

If less than six months, please provide your previous address: \_\_\_\_\_

\_\_\_\_\_

If you are a current volunteer with a parish or division of the Diocese of Hamilton, please indicate the ministries in which you have served and the dates \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are a new volunteer, in what volunteer position or positions are you interested?

\_\_\_\_\_

Why? \_\_\_\_\_

What times do you have available for volunteering?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Please provide details of any other volunteer experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Volunteer Information Form References

**If the volunteer position you are applying for has been identified as high risk, please complete this section on references. *The applicant acknowledges and agrees that information collected during reference interviews will be kept strictly confidential during the screening process and the applicant gives up any right to access this information regarding references as a part of his or her file.***

Provide three references: i.e. friends, professionals, work or volunteer associates, or ministry leaders (refrain from listing your current pastor or family members). **Home phone numbers must be included with all references.** Please ensure to inform those listed as references that they will be contacted by a member of the Diocese's relevant volunteer screening committee.

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ Telephone (Bus): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Best time to Contact: \_\_\_\_\_



## Volunteer Information Form Authorization and Waiver

I \_\_\_\_\_, authorize \_\_\_\_\_  
Volunteer (please print) Division/Parish of the Diocese of Hamilton

and particularly those involved in the screening of volunteers for the Diocese of Hamilton to contact the references (as applicable) and otherwise collect and store personal information appropriate to the volunteer position for which I have applied. I understand that all information provided, included a summary of results of police records checks, are to be accessed only by those involved in the volunteer screening process for the Diocese of Hamilton. Information retained may be kept in perpetuity for the protection of both the Diocese of Hamilton and myself as a record of the screening that was undertaken regarding my volunteer position.

I fully understand the contents of the information in this form and have been given the opportunity to fully review it and understand my rights associated with it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer (please sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (please sign)



Diocese of Hamilton  
Volunteer Acknowledgement Responsibilities Form

Parish/ Division: \_\_\_\_\_

Name of Volunteer: (Please print) \_\_\_\_\_

Name of Ministry(s) or Group(s): \_\_\_\_\_

I hereby agree that:

- At all times while and carrying out my duties as a volunteer of this Parish, I will respect and uphold Catholic principles and standard of behaviour.
- I will not disclose confidential personal, financial or other information regarding parishioners, the general operation of the Parish, or about anyone I serve as a volunteer to anyone outside of the Parish or Diocesan offices.
- I have received, read and understood my volunteer position description and the *Volunteer Screening Manual* and agree to comply with and be bound by them.
- I understand the responsibilities and limits of this position and agree to follow the duties and responsibilities as assigned by the ministry leader or Parish team.
- I understand that I am acting as a volunteer of this Parish, and therefore a potential representative, **only** when I am carrying out my duties outlined in my volunteer position description.
- I will provide adequate notice to the parish team and ministry leader if I intend to end my service as a volunteer to the Parish.
- A Pastor or another authorized representative of the Diocese of Hamilton may terminate my position as a volunteer at their absolute discretion and a reason is not expected, but often some type of explanation will be provided if appropriate.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_



Diocese of Hamilton  
Reference Check – High Risk Positions

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Group/Ministry \_\_\_\_\_

Reference: \_\_\_\_\_

Telephone (Res. ): \_\_\_\_\_ Telephone (Bus. ): \_\_\_\_\_

Contacted by: \_\_\_\_\_

1. **How long have you known the volunteer?** \_\_\_\_\_
2. **In what capacity do you know him/her?** \_\_\_\_\_
3. **What is your current relationship with the volunteer?** \_\_\_\_\_
4. **What are the volunteer's strengths and weaknesses in regard to working with others (specify what group the volunteer will be working with: children, seniors, vulnerable adults)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. **How would you feel about the volunteer working one-on-one with your family members (children or elderly relatives)?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **How would you describe the personality and temperament of this person?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **How does this person handle supervision or working independently?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **Is there any reason you know of why the person would not be able to perform the duties necessary for this position?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **Is there anything else you would like to tell me about this volunteer?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This information is collected for Volunteer screening purposes only. All information is kept confidential.*



Diocese of Hamilton

Sample Interview Questions – Low Risk Positions - Non Vulnerable Persons

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Ministry: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

1. Have you read the ministry position description and do you have any questions about it? \_\_\_\_\_  
\_\_\_\_\_
2. What prompted you to apply for this position? \_\_\_\_\_  
\_\_\_\_\_
3. If you moved less than six months ago, please tell us why? \_\_\_\_\_  
\_\_\_\_\_
4. What expectations do you have for this volunteer position? \_\_\_\_\_  
\_\_\_\_\_
5. Have you had any previous volunteer experience? Please tell us about it. (What did you do? What did you like about it? What didn't you like about it?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What talent or skills do you feel you bring to this position? \_\_\_\_\_  
\_\_\_\_\_
7. May we share this information with other Ministry Leaders? \_\_\_\_\_
8. Please indicate a way in which you hope to make a positive contribution in this ministry? \_\_\_\_\_  
\_\_\_\_\_
9. How would someone close to you describe you? \_\_\_\_\_  
\_\_\_\_\_
10. What have you done in the last year that has brought you the most satisfaction? \_\_\_\_\_  
\_\_\_\_\_
11. Do you have any questions or comments? \_\_\_\_\_  
\_\_\_\_\_

***This information is collected for Parish screening purposes only. All information is kept confidential.***



Diocese of Hamilton

Sample Interview Questions – For Volunteers Working with Vulnerable Persons–High Risk

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Phone Number \_\_\_\_\_

Group Ministry: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

1. Have you read the ministry position description and do you have any questions about it? \_\_\_\_\_  
\_\_\_\_\_
2. What prompted you to apply for this position? \_\_\_\_\_  
\_\_\_\_\_
3. If you moved in the last six months, please tell us why? \_\_\_\_\_  
\_\_\_\_\_
4. What expectations do you have for this volunteer position? \_\_\_\_\_  
\_\_\_\_\_
5. What talent or skills do you feel you bring to this position? \_\_\_\_\_  
\_\_\_\_\_
6. May we share this information with other ministry leaders? \_\_\_\_\_
7. Have you had any experience working or volunteering with children or teenagers? \_\_\_\_\_
8. Have you had any experience working or volunteering with vulnerable adults or seniors? \_\_\_\_\_  
\_\_\_\_\_
9. Please tell us about your experience with children, teens or seniors? (What did you do? What did you like about it? What didn't you like about it?) \_\_\_\_\_  
\_\_\_\_\_
10. How do you think children and teenagers should be disciplined? \_\_\_\_\_  
\_\_\_\_\_
11. How would someone close to you describe you? \_\_\_\_\_  
\_\_\_\_\_
12. Please indicate a way in which you hope to make a positive contribution in this ministry. \_\_\_\_\_  
\_\_\_\_\_
13. Do you have any questions or comments? \_\_\_\_\_  
\_\_\_\_\_

***All information is kept and used in strict accordance with the Diocese of Hamilton Privacy Policy.***

Revised October 27, 2020



Diocese of Hamilton

Sample Interview Questions – For Members of the Volunteer Screening Committees

Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

1. Have you read the ministry position description and do you have any questions about it? \_\_\_\_\_  
\_\_\_\_\_
2. What prompted you to apply for this position? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been involved in any activity like this in the past? \_\_\_\_\_  
If yes, tell me about it. \_\_\_\_\_  
\_\_\_\_\_
4. What talent or skills do you feel you bring to this position? ( such as patience, tolerance, reliability), \_\_\_\_\_  
\_\_\_\_\_
5. What expectations do you have for the Volunteer Screening Initiative in this parish? \_\_\_\_\_  
\_\_\_\_\_
6. Do you work well within a team structure? \_\_\_\_\_
7. Do you understand the concept of confidentiality? How does it apply to the screening initiative in this parish?  
\_\_\_\_\_  
\_\_\_\_\_
8. Please indicate a way in which you hope to make a positive contribution in this ministry. \_\_\_\_\_  
\_\_\_\_\_
9. What assistance of support do you think you might need to be able to carry out your ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Will you be able to commit to the time required to do the Volunteer Screening? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have any questions or comments? \_\_\_\_\_  
\_\_\_\_\_

***This information is collected for Parish screening purposes only. All information is kept confidential.***

Revised October 27, 2020



## DIOCESE OF HAMILTON VOLUNTEER SCREENING COMMITTEE

### Oath of Confidentiality

I, \_\_\_\_\_, agree that I will keep confidential any personal information about volunteers and potential volunteers, whether acquired either in verbal or written form that comes to me as a result of carrying out my responsibilities as a member of the Volunteer Screening Committee of \_\_\_\_\_ Parish.

\_\_\_\_\_  
*(Volunteer Screening Member's Signature)*

Signed and witnessed in my presence

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Pastor's Signature)*



## Diocese of Hamilton Offence Declaration

**The volunteer will complete part A or Part B**

### **Part A No Offences**

I, \_\_\_\_\_, a volunteer with \_\_\_\_\_,  
(Please Print Name) (Parish Name)

do certify that since the date of the Police Record Check submitted to my parish as a condition of volunteering in a high risk ministry or group that I have not been convicted of an offence under the Criminal Code of Canada or had any negative police involvement. I acknowledge that making a false statement will be grounds for termination of my volunteer position(s) in the parish.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Member Signature: \_\_\_\_\_

### **Part B Offences to Declare**

I, \_\_\_\_\_, a volunteer with \_\_\_\_\_,  
(Please Print Name) (Parish Name)

do certify that since the date of the Police Record Check submitted to my parish as a condition of volunteering in a high risk ministry or group that I have been convicted of an offence under the Criminal Code of Canada or have had negative police involvement as set out in a police records check. Please provide details of this involvement below:

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I acknowledge that making a false statement will be grounds for termination of my volunteer position(s) in the parish.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Member Signature: \_\_\_\_\_

***This information is to be kept confidential and in accordance with the Diocese of Hamilton's Privacy Policy.***



## Diocese of Hamilton Volunteers Working in More than One Parish

This form is to be completed for any current volunteer who has been screened by their home Parish and is also volunteering their time, talents or gifts to another Parish. In order to volunteer in more than one Parish the following screening steps must be completed at the home Parish and signed by the Pastor.

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (res) \_\_\_\_\_ Email \_\_\_\_\_

Parish: \_\_\_\_\_

Address and Phone # \_\_\_\_\_

The high risk level of the Diocese of Hamilton, Volunteer Screening Initiative, has been completed for this volunteer as follows:

- Has been interviewed by home Parish Date: \_\_\_\_\_ By: \_\_\_\_\_
- Had reference checks completed by home Parish Date: \_\_\_\_\_ By: \_\_\_\_\_
- Has given home Parish a current police records check. Date: \_\_\_\_\_
- Has enclosed a copy of the police records check, signed as a true copy of the original by the parish screening committee and the most recent Offence Declaration.

I will follow the position description, guidelines and rules and agree to be trained and supervised

for \_\_\_\_\_ ministry, at \_\_\_\_\_ Parish.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parish Screening Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Parish, Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

***This information is to be kept confidential and in accordance with the Diocese of Hamilton's Privacy Policy.***



Diocese of Hamilton

Individual Volunteer Screening Checklist (This is to be completed for each Volunteer and placed in their file.)

Date:

Ministry

	Dates Completed	Notes
Volunteer Name		
Ministry Description Given		
Volunteer Information Forms Completed		
Volunteer Agreement Completed		
Interviewed		
References Checked		
Police Record Check		
Offense Declaration Completed		
Consent for Youth		



**Diocese of Hamilton**  
**Volunteer Screening Initiative**  
**Parish Progress Report**

Parish/Division \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

In order to provide assistance and support to the parishes, it is important to know at what stage each parish is at in the screening process. By completing this short report we will better be able to address the needs and concerns of parishes in handling the volunteer screening initiative.

Much good work is happening in our parishes thanks to the dedication of countless volunteers. We appreciate the time you take to complete this report as it will aid in our support and enrichment of the entire process.

**1. What screening steps have you completed?**

A list of low and high risk ministries has been formulated Yes No

Position Descriptions have been written for each ministry position Yes No

All low risk ministry participants are registered with the parish Yes No

**OR**

All low risk ministry participants have completed the Volunteer Information Form Yes No

Volunteer Information Forms have been completed for all High Risk positions Yes No

Interviews are held for all High Risk positions Yes No

References are checked for all High Risk Positions Yes No

Police Record checks are completed for all High Risk Positions Yes No

There is orientation and training for all new volunteers by either the Screening Committee, pastor/staff, or Ministry Leader for each Ministry Yes No

2. Have all present volunteers completed the necessary screening? Yes No

If no, approximately what percentage of the volunteers are completely screened for the particular ministry for which they are involved:

\_\_\_\_\_25% \_\_\_\_\_ 50% \_\_\_\_\_75% \_\_\_\_\_ 80% or more ( Please check one).

3. Are all Ministry Leaders aware that no new volunteers is to begin participating in a ministry until screening is complete? Yes No

4. Is there an area(s) of the screening process with which you are experiencing problems or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had new Volunteer Screening Committee members in the last year? Yes No

6. Have members of your Volunteer Screening Committee attended Diocesan training? Yes No

7. Would your parish like additional training for a specific area of screening? Yes No

If yes, please specify in what areas or steps: \_\_\_\_\_  
\_\_\_\_\_

**Are then any specific areas of concern that you have with the screening process – or are there any areas where you need extra support?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Pastor's Signature:** \_\_\_\_\_

Please return this report the end of May each year to:

John J. O'Brien  
Episcopal Delegate for Cemeteries and Insurance  
Diocese of Hamilton  
600 Spring Gardens Rd.  
Burlington, Ontario L7T 1J1  
Telephone: 905-570-1117  
Fax: 905-522-5742 Email: insuranceoffice@hamiltondiocese.com



## **Diocese of Hamilton**

### **Volunteer Screening Committee Member Update Form**

Please list all current Volunteer Screening Committee members on this form.

Parish: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Volunteer Screening Committee Coordinator**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

#### **Committee Members (If you need more spaces, please copy sheet)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date Started: \_\_\_\_\_ Completed high-risk screening \_\_\_\_\_



**Diocese of Hamilton**  
Volunteer Drivers Information Form

Parish \_\_\_\_\_ Date \_\_\_\_\_

Name of  
Driver \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver's Licence # \_\_\_\_\_

Driver's Licence Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Vehicle Make and Licence  
Number \_\_\_\_\_

Vehicle Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Amount of Coverage \_\_\_\_\_ Expiration Date \_\_\_\_\_

- I hereby advise that I am planning to drive occasionally as a volunteer. I have received and read the Policies for Volunteer drivers and agree to its terms.
- I have shown the parish my driver's licence and insurance information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permission from Owner of Vehicle

I hereby give permission for my vehicle to be used by \_\_\_\_\_ as a volunteer driver with \_\_\_\_\_ Parish.

Name of Owner \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer drivers are advised that:

- A. They must carry valid third-party liability insurance as required under legislation in the Province of Ontario. (the amount of insurance must be 2 million or more).
- B. That the Diocesan Liability insurance comes into effect only after the volunteer driver's liability insurance has been exhausted.
- C. They must provide written notice to the parish team, with all available particulars, of any accident involving the above vehicle while serving as a volunteer for the parish.
- D. They must advise the parish team of any changes in your driver's licence or insurance.
- E. The parish is not responsible for any parking tickets or traffic violations.

Revised October 27, 2020