



De Mazenod Door Outreach Volunteer Information Form



Name of Ministry applied for (check all that you are interested in):

De Mazenod Door

De Mazenod Farm

Humankind Gift Store

Personal Information - Adult / Youth under 18 - (applicants under 18 must complete a consent form)

Name of Volunteer (please print): _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email address: _____

Number of years at current address: _____ (if less than six months, please provide previous address)

Address: _____

City: _____ Postal Code: _____

Volunteer Experience

Please list your last two volunteer experiences:

1. Role: _____ Organization: _____ Date: _____

2. Role: _____ Organization: _____ Date: _____

Availability

How often are you available to volunteer?

Weekly

Monthly

Occasional Special Events

What time of day are you able to volunteer (please check all that apply)?

Days

Evenings

Weekends

Anytime

CONSENT FOR REFERENCE CHECK

Please provide three (3) references - friends, professionals, work or volunteer associates or ministry leaders. Please refrain from listing your spouse or other family members.

CONSENT:

I, _____, authorize De Mazenod Door Screening Committee to contact the references I have provided to collect personal information appropriate to the volunteer position for which I have applied. I understand the information obtained from the reference checks will be kept confidential.

Date: _____ Volunteer Signature _____

Reference Information

Name of Reference: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Relationship to Reference: _____

Name of Reference: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Relationship to Reference: _____

Name of Reference: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Relationship to Reference: _____

Please email completed form to volunteer@demazenod-door.ca
or drop off at St. Patrick Church c/o Patrick MacCarthy