

**Staff / Volunteer**  
**Request for Information Form**  
**PLEASE PRINT**

Your Parish Name & Location: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide a contact in case of an Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you held a staff or volunteer position with another organization/Parish? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

How long have you been a member of your parish community? \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

In which Parish are you applying for the position? \_\_\_\_\_

I certify that the information provided in this document is true and complete and that this information will remain confidential and is property of the Archdiocese of Halifax-Yarmouth. I agree to comply with the requirement to obtain a Criminal Record Check and Vulnerable Sector Search. I understand that I represent the Archdiocese/Parish as a staff/volunteer only when I am functioning as described in the Archdiocese/Parish Assignment description. I agree to keep confidential, any information that I may come across regarding the affairs of this parish, its clergy, other volunteers, and parishioners, unless otherwise directed by law or by authorities of the Archdiocese. As well, I understand that my name and contact information will be given to the appropriate Responsible Ministry Coordinator in the Diocese/Parish so that he/she may contact me.

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