

SUMMARY OF VOLUNTEER SCREENING FORMS

Form Number	Name of the Form	To be completed by:	Mandatory/ Optional
#1010	Volunteer Information Form	. ALL volunteers must complete the pre-printed form	Mandatory
#1020	Record of Reference Check	. Volunteers involved in high and medium risk ministries	Mandatory
#1030	Interview Questions (General)	. Volunteers involved in high and medium risk ministries .Questions may be revised to be more specific to a ministry by screening committee team	Mandatory
#1040	Interview Questions (Vulnerable Groups)	. Volunteers involved in high and medium risk ministries that work with children, teenagers, seniors or vulnerable adults .Questions may be revised to be more specific to a ministry by screening committee team	Mandatory
#1050	Interview Questions (Current Volunteers)	. Volunteers involved in high and medium risk ministries .Questions may be revised to be more specific to a ministry by screening committee team	Mandatory
#1060	Interview Questions (Screening Committee Member)	Pastor will conduct interview and complete the form	Mandatory
#1070 (Mandatory Police Check)	Police Check	Police Form provided by Sterling Talent Solutions.	Mandatory
#1080	Oath of Confidentiality	.All members of the screening committee	Mandatory
#1090	Offence Declaration	.Volunteer involved in high risk ministries, every two years after the submission of an original police records check	Mandatory
#1100	Volunteer Feedback and Review	.Volunteer involved in high risk ministries as part of their yearly review	Optional (Decision of Parish VST)

Diocese of Peterborough

#1110	Participant Follow-up Report	.Volunteer involved in high risk ministries	Mandatory
#1120	Volunteer Drivers	.All volunteers who drive other parishioners or participants as part of their ministry	Mandatory
#1130	Parent Consent for Youth Volunteers	.Volunteers under the age of 18 years	Mandatory
#1140	Visitors to the Sick and Homebound, Parishioner Information	.The parish contact person, ministry or parish ministry to gather information about the parishioners to be served by volunteers	Optional (Decision of Parish VST)
#1150	Volunteers Working in More Than One Parish	.Screened volunteers who work in more than one parish or volunteer site	Mandatory (response to request of volunteer)
#1160	Verification of Screening as a Volunteer	.At the request of the screened volunteer	Optional
#1170	Volunteer Screening Checklist	.Screening committees and ministry leader .To help keep track of volunteers and completed screening steps	Optional (Decision of Parish VST)
#1180	Special Events Sign In Sheet	.All additional volunteers who help at special events such as bazaars and suppers	Mandatory
#1190	Incident Report	.To be completed by anyone who needs to report an incident and submitted to the Pastor and the screening committee within 24 hours	Mandatory

Diocese of Peterborough

#1020 Record of Reference Check (High Risk and Medium 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?

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#1030 Sample Interview Questions (General)

Date: _____ Parish: _____

Volunteer: _____ Phone # _____

Group/Ministry: _____

Interviewed by: _____

PRINT NAME

SIGNATURE

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?) _____

What talent or skills do you feel you bring to this position? _____

May we share this information with other ministry leaders? _____

6. Please indicate a way in which you hope to make a positive contribution in this ministry?

7. How would someone close to you describe you? _____

8. What have you done in the last year that has brought you the most satisfaction?

9. Do you have any questions or comments? _____

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#Sample Interview Questions

Sample Interview Questions (for volunteers working with children, teens and seniors)

Date: _____ Parish: _____

Volunteer: _____ Phone # _____

Group/Ministry: _____

Interviewed by: _____

PRINT NAME

SIGNATURE

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? _____

May we share this information with other ministry leaders? _____

6. Have you had any experience working or volunteering with children or teenagers? _____

Have you had any experience working or volunteering with vulnerable adults or seniors? _____

7. 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?) _____

8. How do you think children and teenagers should be disciplined? _____

How would someone close to you describe you? _____

9. Please indicate a way in which you hope to make a positive contribution in this ministry.

Do you have any questions or comments? _____

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Sample Interview Questions

Sample Interview Questions for Current Volunteers

Date: _____ Parish: _____

Volunteer: _____ Phone # _____

Group/Ministry: _____

Interviewed by: _____

PRINT NAME

SIGNATURE

1. How long have you been in this volunteer ministry position?

2. How did you come to be in this ministry position?

3. Tell us about your experiences in this position? (How it is going?)

4. What assistance or support do you need to carry out your ministry?

5. What training is needed to do this ministry position?

6. Tell me about any challenges that make it difficult to carry out your responsibilities in this ministry.

7. Are there any groups or persons with whom you prefer to work? (i.e. youth, elderly, children, immigrants, etc.) Why?

8. In what ways does this ministry help you to grow in your relationship to God? _____
9. Do you wish to continue doing this ministry position? Yes No
10. Do you understand the Volunteer Screening program and its requirements?

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#1060 Sample Interview Questions (Members of the Volunteers Screening Committee)

Date: _____ Parish: _____

Volunteer: _____ Phone # _____

Group/Ministry: _____

Interviewed by: _____

PRINT NAME

SIGNATURE

-
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? (Give examples) _____
 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.

What assistance or support do you think you might need to be able to carry out your ministry?

 9. Will you be able to commit to the time required to do the Volunteer Screening?

 10. Do you have any questions or comments? _____

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#1080 VOLUNTEER SCREENING COMMITTEE Oath of Confidentiality

I, _____, agree that I will keep confidential any personal information
(Please print name)

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 _____
(Name of Parish) (Location)

(Screening Member's Signature)

Signed and witnessed in my presence

(Date)

(Pastor's Signature)

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1090 Offence Declaration

Parish: _____ Date: _____

Name of Volunteer: _____

Please complete (A) or (B).

Part (A) No Offences

I do certify that since the date of my last Police Records Check submitted to this 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.

Signature of Volunteer _____

Screening Committee Member or Pastor _____

Part (B) Offence to Declare

I do certify that since the date of my last Police Record Check submitted to this 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. The details concerning this involvement are stated below:

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

Signature of Volunteer _____

Screening Committee Member or Pastor _____

Signature of Screening Committee or Pastor _____

Information Collection:

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#1100 Participant Follow Up Report

Parish: _____ Date _____

Name of Volunteer: _____
Please Print *Signature*

Name of Ministry or Group: _____

Feedback and reviews are part of the ongoing screening process and helps to support our volunteers. This is a good opportunity to share your experiences and suggestions. It helps keep the ministries relevant to the parish to have volunteers provide feedback. It also helps the volunteers to know they are doing a good job.

Volunteer Feedback (*this section completed by the volunteer*)

1. How have you kept informed of all activities and changes within your ministry?

2. Have you received enough training and orientation to perform your volunteer duties well?
What training and orientation did you find useful?

3. How have you been supported and appreciated in your volunteer ministry?

4. What goals did you set for yourself in this ministry? Do you feel you have accomplished them?

5. Do you want to continue working in this ministry? Please explain your reason(s).

What would you like to accomplish in continuing this ministry?

6. Can you suggest any way we can improve this ministry?

Thank you for completing this questionnaire. Please return it in an envelope to your parish screening team or ministry leader/coordinator.

Diocese of Peterborough

#1110 Participant Follow-Up Report

Parish: _____ Date: _____

Ministry: _____

Ministry Leader: _____

Parishioner's Name: _____

Completed By: _____
NAME SIGNATURE

1. How long have you been served by this ministry? _____
2. Are you satisfied with this service? _____
3. Are the times that this service is provided convenient for you? _____

If not, when would be more convenient? _____
4. What is the name of the person(s) who provide(s) you with this service? _____

5. What does this volunteer do while he or she is with you? _____

6. Are you comfortable with the person(s) providing this service? _____
7. Would you like this person to continue to serve you? _____
8. Do you have any questions or have any comments? _____
9. Would you like to have a priest visit you? _____

Thank you for completing this questionnaire.

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1120 Volunteer Drivers

Parish _____ Date _____

Name of Volunteer Driver _____

Address _____

City/Town _____ Postal Code _____

Phone Number _____ Driver's Licence Number _____

Driver's Licence Class _____ Expiry date _____

Vehicle Make and Licence Number _____

Insurance Company _____ Policy Number _____

Amount of Coverage _____ Expiry 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 representative my driver's licence and insurance information.

Signature _____ Date _____

Volunteer drivers are advised that:

- A. They must carry third-party liability insurance as required under legislation on the province of Ontario.
- B. 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 the driver's licence or insurance.
- E. The parish is not responsible for any parking tickets or traffic violations.

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1120B Diocese of Peterborough Policies for Volunteer Drivers

1. The minimum age for volunteer Drivers is eighteen.
2. Drivers must hold a valid Ontario Driver's Licence "G" and carry a minimum of \$1,000,000.00 for car and \$2,000,000.00 for vans of personal liability and property damage primary insurance.
3. Drivers must consult their insurance company or check their policy before driving.
4. Drivers must complete a Volunteer's Driver Form.
5. The driver's vehicle must be mechanically fit with seatbelts that are in working condition.
6. Routes that the volunteer drivers take should be predetermined.
7. The volunteer drivers can refuse to drive when the weather is inclement, or road conditions are dangerous.
8. A list of passengers per driver will be left at the parish office or with a contact person.
9. A list of passengers' names and emergency information will be given to each driver. This information is confidential and is to be kept in a safe place. Return this information to the parish office when the drive is finished.
10. Permission slips must be signed by parents or guardians to allow a child or youth (under 18) to be transported by a volunteer driver.
11. Telephone the parish office or contact person if an unforeseen situation arises which will result in a major delay.
12. Drivers must not drink or have alcohol in the vehicle while carrying out their volunteer driving assignment.
13. Drivers must not smoke in the vehicle.
14. Never drive with only one youth or child in the vehicle. Always have two children or youth or ask another adult to accompany the volunteer driver.
15. Drivers have the right to let their passengers know if the passenger's behaviour is inappropriate.
16. Drivers shall carry no more passengers than the number of seat belts available.
17. Advise parish team/contact/ministry leader of any changes in your driving record, condition of automobile, medical health (if it affects your ability to drive or have car insurance).

Diocese of Peterborough

#1130 Parent Consent for Youth Volunteers to Attend Out of Parish Event

This form is to be completed for any volunteer under the age of 18.

Parish: _____ Date: _____

Event: _____

Name of Volunteer - Participant : _____

Volunteer Position(s): _____

Adult Supervisor or Ministry Leader(s): _____

➤ **Signature of Volunteer:** _____

Parent or Guardian Name: _____

- I give permission for my son/ daughter to participate in the above event and or volunteer position(s).
- I understand that he or she is expected to comply with the Participant & Volunteer Guidelines and the activities and the responsibilities of the position description.
- Further, I agree to communicate any significant health problems to the Ministry leaders. It may also be given to health care professionals in case of an emergency.

Health Problems and Allergies: _____

Medication or Treatment: _____

Health Card/OHIP Number: _____ Expiry Date _____

Physician Name: _____ Telephone: _____

• **Parent or Guardian Signature:** _____

Address: _____

Street

City

Postal Code

Telephone (Res): _____ Telephone (Bus/Cell) _____

Relationship to Volunteer: _____

• **Please provide an additional Emergency contact name**

Name: _____

Address: _____

Telephone (Res): _____ Telephone (Bus/cell) _____

Relationship to Volunteer: _____

Information Collection: Personal information on this form is will be used for emergency contact restricted to the event. The form is to be retained by the supervisor for the length of the event. »All permission forms will be returned to the rectory following the event whereby the personal information will be shredded.

Diocese of Peterborough

Visitors to the Sick and Homebound Parishioner Information

Parish: _____ Date: _____

Name of Parishioner _____

Address _____

Telephone Number _____

Who contacted the parish? _____ Phone Number _____

Is this person at: HOME HOSPITAL LONG TERM CARE FACILITY (Please Circle)

Address of the Location _____

Reason for the Visit _____

Best Time of day to Visit _____ Language Normally Spoken _____

Volunteer to call first _____ Parishioner able to answer the phone _____

List other family members in the house _____

List pets _____

Confined to bed _____ Responder for the door _____

Does the person to be visited have:

Health Problems _____

Difficulty Swallowing _____

Allergies (food, perfume, animals etc.) _____

Hearing Problems _____

Vision Problems _____

(over)

Emergency Contact Name _____

Diocese of Peterborough

Relationship to Parishioner _____

Contact Phone Number _____

Working Hours Telephone Number _____

Additional Comments:

Visitation assigned to _____

Date of First Visit _____

Visits to be made

- Weekly
- Bi weekly
- Monthly
- Other _____

Follow Up (by Ministry Leader)

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Volunteer Screening Form-Volunteers Working in More Than One Parish

This form is to be completed for any current volunteer who has been screened by his/her home parish and is also volunteering his/her 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 # _____

This volunteer has completed the screening requirements for the high risk level of the Diocese of Peterborough, Volunteer Screening Initiative.

- Has been interviewed by home parish Date: _____ By: _____
- Had reference checks completed by home parish Date: _____ By: _____
- 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 Committee _____ Date _____

Received by _____ Parish, Date _____

Authorized Signature: _____

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#1170 Parish Ministry /Group Checklist

Ministry /Group Name: _____ Ministry/Group Leader Name: _____ Volunteer Names:	Ministry Description	Information Forms	Interview	Reference Checks	Police Records Checks	Orientation and Training	Supervision/Evaluation	Participant Follow-up

Diocese of Peterborough

Volunteer Screening Initiative Incident Report Form

Parish: _____

Address: _____

Pastor: _____

Name of Ministry: _____

Ministry Leader: _____

Date and time of Occurrence: _____

Reported By: _____ Tel. _____

Location of the Incident: _____

Name of Person(s) involved _____

(Refer to Guidelines on Back Page)

Summary of Incident: _____

Actions Taken: _____

Who has been notified: _____

Follow-up: _____

Completed By: (signature) _____ Date: _____

Information Collection: Personal information on this form is will be used by Volunteers. This report must be given to the Pastor or a Screening Committee member within 24 hours of the incident. This information will be stored permanently in a confidential locked cabinet in the Parish Rectory. Any questions with respect to this information should be directed to the local pastor or the Diocesan Screening Committee 350 Hunter Street West – Box 175, Peterborough, Ontario, K9J 6Y8. Phone: (705) 745-5123 Fax: (705) 745-2555.COPIES: Original – Parish Rectory File Copy: Chancellor of Spiritual Affairs

Instructions for the Completion of Incident Report

1. A copy of this report is to be given to the Pastor / a Parish Screening Committee member/or the Chancellor of Spiritual Affairs (Chancery Offices) within 24 hours.
2. If this incident results in the dismissal of a volunteer or a report to the police or Children's Aid Society, notify the Diocesan Screening Committee Chair or the Chancellor at the Diocese office as soon as possible.
3. Serious incidents to be reported include but are not limited to:
 - Any alleged abuse to a volunteer or participant
 - Any disclosures of abuse to a volunteer
 - Any alleged abuse or mistreatment by a volunteer to another volunteer or participant
 - Any injury caused by volunteer to another volunteer or participant
 - Any injury to a volunteer or participant
 - Any acts of violence or threat or violence by a volunteer to a volunteer or participant
 - Any acts of violence or threat or violence to a volunteer by a participant
 - Any acts of destruction or theft by a volunteer or participant.
 -
4. If you have any questions or concerns whether an incident needs to be reported seek advice. Contact your Pastor / a Parish Screening Committee member/or the Chancellor of Spiritual Affairs (Chancery Offices).