**Screening in Faith Appendix F** (1 of 3)

**Instructions:** Choose the name you prefer for this form

# Time and Talent Record *or* Application Form

**[address of parish/organization]**

## Please return the completed application form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*first initial last*

**Address:**

*number street Apt No., Unit No., P.O Box*

*City/Town PC*

**Phone, Fax, Email:**

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call? a.m. p.m. Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This position is a:** *(Check the applicable box)*  Staff Position Volunteer position

Ministry Position for which you wish to apply:

##### Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of the appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any ministries in which you would like to serve.** *(The parish/organization may list all the ministries for which people may volunteer and the candidate will check off all that are of interest.)*

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

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

##### Why do you want to serve in these ministries? How do you hope to benefit?

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Appendix F** (2 of 3)

**List the qualifications and skills that you bring to these ministries.**

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**Relevant Volunteer Experience:**

Organization outside the church Position/Major Responsibility Dates of service (yy/mm)

From: To:

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**Church Experience:**

Position Major Responsibility Dates of service (yy/mm)

From: To:

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**Employment/Training Background:**

Employer Position/Major Responsibility Dates of service (yy/mm)

From: To:

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

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**Please read carefully. A check in each box indicates agreement.**

1. I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times, be affirmed by the church/organization through its screening process
2. I understand that an appointment to a high risk ministry position requires that I provide three references and acquire a Police Records Check with Vulnerable Sector Search as part of the screening process.
3. I understand that in accepting a ministry position, I am committing myself to act in compliance with the beliefs, values, policies and processes of this church/organization.
4. I have received a copy of the ministry position description and Guidelines for the position and understand the responsibilities associated with it. I am aware of the policies that affect this ministry.
5. I understand that training and accountability are key support for my position. Therefore, I will attend training, as required by the position, and meet regularly with the leader responsible for the ministry to which I am being appointed.
6. I know that the parish will maintain a file on persons filling medium and high risk positions in compliance with the diocesan *Screening in Faith Policy*. This information is private and will be kept in a secure location. Upon request, I shall be given access to that information and be able to challenge the accuracy and completeness of the information and have it amended as appropriate**.**

Signature of Applicant Date

**Instructions:** Please place this completed document in the applicant’s file in a locked filing cabinet. Record the completion of this step on the applicant’s Screening Checklist Form.

### Reference Check Permission Form Appendix F (3 of 3)

**Required for High Risk Ministries Only**

**I** [p*lease print**name]***, give** *[parish/organization]* **permission to contact the references listed below to discuss my suitability as a** *[ministry position title]***.**

**Signature: Date:**

**Instructions:** List three persons who have knowledge of your qualifications. Your references should be people you know through different relationships and/or situations. For example: a family member, a friend and an employer (paid or volunteer position). Ideally, the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 5 years. If you have moved from another parish within the last 12 months, please provide one reference from your previous parish.

###### Reference 1

**Name:**

*first initial last*

**Address:**

*apt no street address*

*city province P C*

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

#### Best time to call? *Please circle* AM PM Cell #:

**Relationship to the candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of relationship:**

###### Reference 2

**Name:**

*first initial last*

**Address:**

*apt no street address*

*city province P C*

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

#### Best time to call? *Please circle* AM PM Cell #:

**Relationship to the candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of relationship:**

###### Reference 3

**Name:**

*first initial last*

**Address:**

*apt no street address*

*city province P C*

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

#### Best time to call? *Please circle* AM PM Cell #:

**Relationship to the candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of relationship:**