



Ukrainian Catholic Eparchy of Saskatoon
Українська Католицька Єпархія Саскатуну

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APPENDIX B
VOLUNTEER SCREENING
FORM

Full Name of Applicant:				
Contact Information		Street Address	City/Province	Postal Code
		Daytime	Evening	Cell
		Email Address		
Current Parish/Organization:				
Ministry/Program:				
Position Title(s):				
Previous Related Experience		Title		
		Employment/Volunteer Organization	Position	From-To (month/year)
		Title		
		Employment/Volunteer Organization	Position	From-To (month/year)
References				
Please provide the names of three people who can speak to your suitability for this ministry. References should be informed that they might be contacted prior to receiving a phone call.		Name of Reference		
		Relationship	Phone	
		Name of Reference		
		Relationship	Phone	
		Name of Reference		
		Relationship	Phone	
In Case of Emergency				
Contact Information		Full Name	Relationship	
		Daytime	Evening	Cell
OFFICE USE	<input type="checkbox"/> Covenant of Care Form Received	<input type="checkbox"/> Police Record Check Received		<input type="checkbox"/> Reference(s) Called
If assistance is required with volunteer screening, please contact the Eparchial Coordinator of Care.	<input type="checkbox"/> Screening Discussion Complete	<input type="checkbox"/> Volunteer Driver Application & Authorization Received OR <input type="checkbox"/> Not Applicable		
	<input type="checkbox"/> Approved for Ministry OR Not Suitable at This Time: _____			
	Name of Supervisor	Signature		Date