



## Form 10 – Volunteer Worker's Application and Registration

**Confidential**

Parish/Agency \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone:	H	M
Email:		

Whilst assisting as a volunteer, it is expected that your conduct will always be consistent with the teachings & ethos of the Catholic Church. You are also required to adhere to the policies & procedures of the Archdiocese; to abide by work health & safety obligations, including exercising due care for the health & safety of yourself & others.

If your position requires engaging in a regulated activity, it will be necessary for you to obtain a valid & current Working with Vulnerable People (ACT) registration or a Working with Children Check (NSW) at all times. You are required to provide to the parish evidence of valid registration. In the ACT the front & back of the WWVP card must be provided. In NSW, your registration number must be provided & will be verified by the Archdiocese. If your registration is varied, suspended, cancelled or expires for whatever reason you are required to immediately notify the parish.

You agree to respect the confidentiality of information to which you may have access during your time as a volunteer & you must not, at any time, for any reason, directly or indirectly, use or disclose any personal or confidential information to another party unless authorised to do so. Confidential information includes, but is not limited to:

- personal information about individuals, or their families, engaged by the parish or seeking assistance or access to services or participating in activities provided by the parish;
- information about the finances of the parish or Archdiocese;
- computer data bases and computer software; and
- all other information obtained whilst you are a volunteer that is, by its nature, confidential or personal information.

Details of any skills or qualifications you may have e.g. Electrician, Carpenter, Accountant

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What Ministry would you like to be involved in?

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What type of work would you like to perform?


Referees (please provide the names and contact numbers of persons able to act as referees:

Pastor:	Tel:
Employer:	Tel:
Personal:	Tel:

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge. Should it be found that the answers are untrue, I understand that may be grounds for dismissal from the position held. I accept that the Church may contact the referees mentioned in this document. I agree to release and hold harmless from liability any person or organisation that provides information, and that a copy of this application can be sent to any referee mentioned herein. I also agree to hold harmless the church, its officers, employees and volunteers in relation to the use of this application or information contained herein. I waive any rights I may have had to inspect references on my behalf.

Signed:	Dated:
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