

Roman Catholic Diocese of Victoria

Office of Responsible Ministry and Safe Environment

Ministry Volunteer Application Form (VAF)

NAME:	
If you are the parent of a CISDV studer	nt, what is their name?
ADDRESS:	
	D.O.B.
EMAIL ADDRESS:	
	be current or past employment experience)
VOLUNTEER EXPERIENCE:	
OTHER RELEVANT SKILLS/EXP education)	ERIENCE (special training / unique experience /



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Em	iail Address:	Phone:
Nar	me:	
Em	ail Address:	Phone:
	e, VOUCHING REFERENCE terences #1 and #2 above):	Nay be used by principal/pastor/designate as a substitu
I.		youch for
the	ave known the applicant for a mapplicant to be of good moral clarable.	wouch for mum of 2 years and to the best of my knowledge believed and suitable to work with children or adults who
	nature:	Date:
VO The Res	DLUNTEER STATEMENT e information provided in this apsponsible Ministry & Safe Envir	Date: ication is true and accurate. I agree to follow the ament (RMSE) Policy of the Roman Catholic Diocese diocese relevant to my volunteer position.
VO The Res Vic	DLUNTEER STATEMENT e information provided in this apsponsible Ministry & Safe Envir	ication is true and accurate. I agree to follow the ment (RMSE) Policy of the Roman Catholic Diocese
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NOTE: THE VOLUNTEER SCREENING PROCESS MUST BE COMPLETE AND DOCUMENTATION FILED/SUBMITTED PRIOR TO COMMENCEMENT OF DUTIES (SEE: PARISHSOFT SEP). CONTACT RMSE OFFICE IF INTERIM APPROVAL TO BEGIN WORK IS REQUIRED.