

Personal Information Form for Employees and Volunteers for Ministry

Name	
Address	
Phone	
Email	
Date & Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	

Position	
Risk level	<input type="checkbox"/> High risk <input type="checkbox"/> Medium risk <input type="checkbox"/> Low or no- risk

For high risk and medium risk positions: Please provide the names of three unrelated persons whom we can contact as personal references:

- 1) Name _____ Phone _____
- 2) Name _____ Phone _____
- 3) Name _____ Phone _____

I affirm that the above information is true and correct. I permit the collection of this personal information, including that provided by the reference checks solely for use in managing ministry in the parish and the Archdiocese.

(Signature)

(Date)

Amended by the College of Consultors on 28 September, 2011
 Amended by the College of Consultors on 25 October 2016