



ADULT INFORMATION FORM

It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.

It is the policy of Camp Lemieux to monitor all Paid Ministry Positions.

THIS FORM IS TO BE USED ONLY FOR PERSONS 18 YEARS OF AGE OR OLDER

Name: _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ (mm/dd/yy) SK Health Card #: _____

Other Provincial Health Card # (if available): _____ Expiration Date: _____

Province: _____ Health Card #: _____

G.M.S. or M.S.I. _____

Allergies _____

Current Medication _____

Physical Ailments/Conditions _____

Emergency Contact: Please provide a contact in case of an emergency.

Name: _____

Relationship to applicant: _____

Phone: (Home) _____ Other: _____

Family Doctor: _____ Phone: _____



How long have you been a member of the Camp Lemieux community: _____

Have you held a volunteer position with Camp Lemieux? _____ Yes _____ No

Have you held a volunteer position with another organization/Parish? _____ Yes _____ No

If Yes, describe: _____

Ministry position(s) for which you are applying or are continuing in:

- Ministries: Board Member Committee Member Kitchen First Aid
- Maintenance Ministry of Presence Day Visitor CIT
- Program Clergy Overnight/Week Volunteer
- Other _____

If this/these ministry position(s) is/are not available, what other ministries might interest you?

Please check that the following have been made available and reviewed:

_____ Applicable Ministry Position Description(s)

_____ Guidelines for Camp Lemieux Volunteers

_____ Contact information for the person coordinating Ministry.

I certify that the information provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is the property of Camp Lemieux. As well, I understand that my name and phone number will be given to the appropriate Ministry Coordinator/Leader so that she/he may contact me.

I have read and understand the applicable Ministry Position Description(s) and the Guidelines for Camp Lemieux Volunteers, and I agree to abide by these. A violation of this code can result in disciplinary action, up to and including removal from ministry. I am aware of the responsibilities and the limits of this ministry position and agree to meet them.

I understand that I represent Camp Lemieux as a volunteer only when I am functioning as described in the Volunteer Ministry Position Description. I agree to keep confidential any information that I may come across regarding the affairs of this ministry, its clergy, other volunteers, and parishioners, unless otherwise directed by law or the policy of the Archdiocese of Regina.

Signature: _____ Date: _____

For Repeat Day Visitors Only:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Day Visitors Defined

Day Visitors, as defined by Camp Lemieux, are volunteers/visitors present for the day only. They are NOT staying overnight and are NOT ministering to youth without a Camp Director or Board Member directly present, therefore, NOT requiring a Vulnerable Sector Criminal Record Check and References as required by Overnight/Week Volunteers. Day Visitors are required to sign in with the Camp Director each time they visit.

References (Required for ALL High Security Ministry Positions, INCLUDING Day Visitors*)

Please provide two non-family references that can describe your suitability for this ministry. (e.g. friends, neighbours, other parishioners, work associates, etc.)

Remember to notify these people that Camp Lemieux may be contacting them.

Reference #1 Name: _____

Relationship to applicant _____

Address: _____

Phone Number _____ Cell Phone Number _____

Reference #2 Name: _____

Relationship to applicant _____

Address: _____

Phone Number _____ Cell Phone Number _____

Consent: (INCLUDING Day Visitors*)

I, _____, authorize the designated representative of the _____ *Camp Lemieux* _____ ministry to contact the references that I listed on this Volunteer Information Form, in order to collect the information that is appropriate to the position. I understand that the information obtained will be confidential.

Signature: _____ Date: _____



Criminal Record Check – EXCLUDING Day Visitors

I agree to comply with obtaining a Vulnerable Sector Criminal Record Check before I can participate in a high-security ministry such as *Camp Lemieux*. I understand that only the Program Director, Board Chair & designated Camp Director (only when required) reviews this information and that this information shall be kept confidential.

Signature: _____ Date: _____

FOR CAMP LEMIEUX OFFICE USE ONLY

Ministry Name: _____ *Camp Lemieux* _____

Approved Ministries:

- Board Member Committee Member Kitchen First Aid
- Maintenance Ministry of Presence Day Visitor CIT
- Program Clergy Overnight/Week Volunteer
- Other _____

The Following IS On File For The Approved Ministries Above:

- Completed Adult Information Form
- Vulnerable Sector Criminal Record Check
- Two Reference Letters and/or Phone Calls

Designated Camp Lemieux Protocol Rep That HAS Reviewed The Above Documentation:

Printed Name: _____

Signature: _____

Date Application Was Reviewed: _____