



AUTHORIZATION TO RELEASE & TRANSFER FILE FORM

**It is the policy of the Archdiocese to monitor all Volunteer Ministry Positions.
In addition, it is the policy of Camp Lemieux to monitor all Employed Positions.**

(FORM SOLELY FOR USE TRANSFERRING ACTIVITIES WITHIN THE ARCHDIOCESE OF REGINA)

REQUEST TO RELEASE FILE

I, _____, hereby authorize the Pastor or designate of the Parish/Ministry of _____ in _____, SK to copy and forward the contents of my volunteer file, which may include an Adult Volunteer Information Form, completed references, completed interview form and Criminal Record and/or Vulnerable Sector Check to Camp Lemieux Volunteer Screening Coordinators.

Applicant Signature

Date

Witnessed By (signed in the presence of):

Witness Name (printed)

Position

Witness Signature

Date

CERTIFICATION (To be completed by the Parish or Ministry listed above.)

I, _____ certify that this is a true and accurate copy of the original documentation on file at _____ Parish/Ministry, in _____, SK.

Applicant Signature

Date

Date Documents Sent

Office Use Only:	
Date Request Received: _____	By: _____
Date Documents Received: _____	By: _____