

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)