



Volunteer Information Form Authorization and Waiver

I _____, authorize _____
Volunteer (please print) Division/Parish of the Diocese of Hamilton

and particularly those involved in the screening of volunteers for the Diocese of Hamilton to contact the references (as applicable) and otherwise collect and store personal information appropriate to the volunteer position for which I have applied. I understand that all information provided, included a summary of results of police records checks, are to be accessed only by those involved in the volunteer screening process for the Diocese of Hamilton. Information retained may be kept in perpetuity for the protection of both the Diocese of Hamilton and myself as a record of the screening that was undertaken regarding my volunteer position.

I fully understand the contents of the information in this form and have been given the opportunity to fully review it and understand my rights associated with it.

Date

Volunteer (please sign)

Date

Witness (please sign)