

**THE DIOCESE OF NIAGARA
VOLUNTEER MINISTRY SCREENING DECLARATION**

Name: _____
(please print)

I have read and understand the policy with regards to Screening and Management of Staff and Volunteers.

I am willing to fulfill the requirements for the position of:

Address: _____

Signature: _____ Date: _____

Date of PRC: _____
Deemed acceptable <input type="checkbox"/>
Deemed not acceptable <input type="checkbox"/>

It is a requirement of this position that a current Police Record Check (PRC) be witnessed by an authorized staff person. The PRC was witnessed by:

Witness Name: _____
(please print)

Witness Signature: _____ Date: _____