****

**Diocese of Toowoomba**

**PARISH MINISTRY VOLUNTEER REVIEW FORM**

**14 April 2023**

**Parish information:**

Name of Parish: ………………………………………… Address: ……………………………………………………………….

Phone contact: …………………………………………. Mobile contact: ……………………………………………………

Email: ………………………………………………………. Postal address: ……………………………………………………..

**Volunteer information:**

Name: ………………………………………………………. Address: ……………………………………………………………….

Phone contact: ………………………………………… Mobile contact: …………………………………………………….

Email: ………………………………………………………. Postal address: ……………………………………………………..

**Parish Ministry information:**

Name of Ministry: ……………………………………. Focus of Ministry: …………………………………………………

**Parish Ministry involvement:**

Role: Leader: ………………………. …. Volunteer: …………………………… Supporter: ………………………

Role description: ………………………………………………………………………………………………………………………………

Hours/days in Ministry: ………………. Full-time: …………………………… Part-time: ………………………

Number of days per week: …………. Number of hours per day: ………………………………………………..

When did you apply to be involved in this Ministry? ………… How long have you been involved? …………

**Looking back over the past year:**

What have you most enjoyed in this Ministry?

What have you found most difficult in this Ministry?

What support in ministry have you found helpful?

What support in ministry have you found missing?

Reflecting on the past year, what would you have done differently?

In your experience, have the best interests of the children, young people or adults at risk involved in your Ministry, come first?

In your experience, has the Parish commitment to zero tolerance of all forms of abuse been put into practice?

Has your sense of the worth and value of the people you serve been strengthened?

Have you experienced joy and delight in your ministry?

**Thank you for participating in this performance review of your involvement in Parish Ministry.**

**Signed: Volunteer …………………………………. Review Person: …………………………………………..**

**Date: ……………………………………….. Review place: ……………………………………………..**