| Name of Churchministry personnel application form **For Youth (under 19 Years of Age) Working with Children** | | | | | | | | | | | | | | | | |
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| In our desire to reduce the risk of abuse within our church ministries, we believe the following information is necessary to protect our children and volunteers. It will also assist us to effectively place our volunteers in ministry positions where they can best use their gifts. Thank you in advance. | | | | | | | | | | | | | | | | |
| **personal information** | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | City: | | | | | | Postal Code: | | |
| Contact Nos. | Home: | | | | | Cell: | | | | Email: | | | | | | |
| Birthdate (dd/mm/yy) | | | | Grade: | | | | Gender: | | Male □ | | | | Female □ | | |
| Name of Parents: | | | | | | | | | | Phone No. | | | | | | |
| Are your parents supportive of your ministry involvement? | | | | | | | | | | Yes □ | | | | No □ | | |
| If ‘no’, please explain: | | | | | | | | | | | | | | | | |
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| Hobbies, interests and skills: | | | | | | | | | | | | | | | | |
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| Volunteer experience and part-time jobs: | | | | | | | | | | | | | | | | |
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| **spiritual history** | | | | | | | | | | | | | | | | |
| How long have you attended (name of church)? | | | | | | | | | | | | | | | | |
| Do you regularly attend (two or more times a month? | | | | | | | | | | Yes □ | | | | No □ | | |
| When did you accept Christ as your Saviour? | | | | | | | | | | | | | | | | |
| Have you been baptized? | | | Yes □ | | | No □ | | Approximate date: | | | | | | | | |
| In a brief paragraph, please describe what your faith means to you. | | | | | | | | | | | | | | | | |
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| **ministry information** | | | | | | | | | | | | | | | | |
| Describe why you would like to be part of our children’s ministry team. | | | | | | | | | | | | | | | | |
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| What strengths or assets would you bring to our children’s ministry program? | | | | | | | | | | | | | | | | |
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| What areas of concern do you have in working with children? | | | | | | | | | | | | | | | | |
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| Do you see yourself as a team player? Please explain. Yes No | | | | | | | | | Yes □ | | | | | | No □ | |
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| Please list the areas) of ministry where you would like to serve. | | | | | | | | | | | | | | | | |
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| **references** | | | | | | | | | | | | | | | | |
| List three adults that you’ve known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative, but must also include references from your youth pastor, employer or teacher. | | | | | | | | | | | | | | | | |
| Name of Reference: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | Postal Code: | | | | |
| Phone Nos. | | Home: | | | Cell: | | | | | | Work (if needed): | | | | | |
| How long have you known this person? | | | | | | | Nature of Relationship: | | | | | | | | | |
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| Name of Reference: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | | | | Postal Code: | | | |
| Phone Nos. | | Home: | | | Cell: | | | | | | Work (if needed): | | | | | |
| How long have you known this person? | | | | | | | Nature of Relationship: | | | | | | | | | |
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| Name of Reference: | | | | | | | | | | | | | | | | |
| Address: | | | | | | | City: | | | Postal Code: | | | | | | |
| Phone Nos. | | Home: | | | Cell: | | | | | | Work (if needed): | | | | | |
| How long have you known this person: | | | | | | | Nature of Relationship: | | | | | | | | | |
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| **RELEASE OF INFORMATION AND DECLARATION OF INTENT** | | | | | | | | | | | | | | | | |
| 1. In order to decide my suitability for volunteer ministry in this organization, I hereby give the designated leadership of (name of church) consent to:  • verify the information provided by me in this Ministry Personnel Application Form;  • contact the references and employers listed in this application;  • obtain and verify any information from them and any other persons that the church determines to be relevant to my application.  2. I understand that in British Columbia a Criminal Record Check is legally required for anyone working with the Vulnerable Sector (children, youth and vulnerable adults). I therefore agree to complete a CRC and have it returned to (name of church) as soon as possible.  3. I further grant (name of church) the permission to perform an internet search on me and to review and consider any information found posted by me on the Internet.  4. I understand that if (name of church) approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in (name of church) or for the volunteer position for which I am applying, the leadership may terminate my volunteer service or volunteer position for any reason without advance notice.  5. If (name of church) approves my application for a volunteer position, I will sign any documents that are required and will at all times cooperate fully with the church leadership in the fulfillment of my duties and will keep all confidential information I encounter in my role as a volunteer confidential.  6. If at any time I determine that for any reason I am unable to support or adhere to or follow the policies, procedures or doctrine of (name of church), I will inform the church leadership and will resign my volunteer position. | | | | | | | | | | | | | | | | |
| I hereby acknowledge that, to the best of my knowledge, the information contained in this Ministry Personnel Application Form is true and correct. | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | | | | | | | | |
| Printed Name: Date: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signature of Witness: | | | | | | | | | | | | | | | | |
| Printed Name: Date: | | | | | | | | | | | | | | | | |
| Information received in this Ministry Personnel Application Form is confidential and is being gathered for the purposes of considering your application for volunteer ministry with (name of church) and for assessing potential ministry opportunities for you in the future. | | | | | | | | | | | | | | | | |