

**Ministry Volunteer Application Form For Ministries To Children,
Youth and Vulnerable Adults**
(For applicants from Grade 9 to adults)

****Information received is held in strictest confidence**

We recognize that this Ministry Volunteer Application Form is extensive. We wish we did not have to ask these questions. However, in our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and to protect our volunteers. Thank you in advance for your understanding.

Personal Information

Name _____ Male Female
Address _____ Postal Code _____
Email Address _____ Date of Birth _____
Phone Number (H) _____ (B) _____
Single Married Engaged Separated Divorced Remarried
Widow/Widower
Spouse's Name _____
Is your spouse supportive of your ministry involvement? Yes No
If no, please explain _____

Personal History

Elementary and Secondary School: Grade Completed _____
College/University: Years Completed _____ Degree Received _____
Occupation and/or Employer _____
Hobbies, Interests or Skills _____

Spiritual History

How long have you attended Circle Drive Alliance Church? _____
Are you a member of Circle Drive Alliance Church? Yes No
Have you completed: Class 101 Class 201 Class 301 Class 401
Plan to Protect

How did you come to know Christ personally and when?

How do you maintain a relationship to Christ? _____

Have you taken any courses or received any training that would equip you for Christian ministry? _____

Have you identified your spiritual gifts? Please list. _____

Ministry Information

Churches I have attended in the last five years are as follows:

1. Name of Church _____ Phone Number _____
Address _____
Dates Attended _____ Member Adherent
2. Name of Church _____ Phone Number _____
Address _____
Dates Attended _____ Member Adherent
3. Name of Church _____ Phone Number _____
Address _____
Dates Attended _____ Member Adherent

My present and previous ministry experience is as follows:

1. Name of Church/Organization _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____ Phone Number _____
2. Name of Church/Organization _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____ Phone Number _____
3. Name of Church/Organization _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____ Phone Number _____

Area(s) of ministry you are interested in:

References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church. Each reference must have a complete postal address.

1. Name of Reference _____ Relationship _____
Address _____ City: _____
Postal Code: _____ Phone Number _____
2. Name of Reference _____ Relationship _____
Address _____ City: _____
Postal Code: _____ Phone Number _____
3. Name of Reference _____ Relationship _____
Address _____ City: _____
Postal Code: _____ Phone Number _____

Confidential Information

In order to provide a safe and secure environment for our children and youth, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. (Police may access this information, under warrant, if requested.) Answering yes to any of the questions may not necessarily preclude your involvement in ministry. Thank you in advance for your understanding.

- 1. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children or youth? Yes No
- 2. Have you ever been convicted for the use or sale of drugs? Yes No
- 3. Have you ever been hospitalizes or treated for alcohol or substance abuse? Yes No
- 4. Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes No
- 5. Have you ever been accused, arrested or convicted for any sexually related crimes? Yes No
- 6. Have you ever been accused, arrested, or convicted for any abuse related crime? Yes No
- 7. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children/youth? Yes No
- 8. Do you have any health problems or concerns? (medical or psychiatric) Yes No

If you have answered yes to any of the above questions, please explain. _____

Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports)? If so, please explain. _____

RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give Circle Drive Alliance Church permission to contact persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also grant my permission for Circle Drive Alliance Church to perform a personal criminal record check, if deemed necessary, for purposes of my protection against any false allegations and for the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in extreme confidence. I agree to adhere to the protection guidelines as adopted by this church.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, Circle Drive Alliance Church will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statement by Circle Drive Alliance Church prior to, at, or following the date of volunteer service.

I understand that Circle Drive Alliance Church is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of Circle Drive Alliance Church, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____