

Mission Hills Community Church

MINISTRY PERSONNEL APPLICATION FORM FOR MINISTRIES TO CHILDREN & YOUTH

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children, for our youth, our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Ministry you are applying for: _____

Personal Information:

Full Name _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Personal History

Please provide Information on current employment

Contact Person _____ Phone Number _____

Employer _____

Address _____

Years of employment _____ From: _____ to: _____

Position held _____

Hobbies, Interests or Skills

Spiritual History

How long have you attended church? _____

Do you regularly attend (2 or more services a month)? q Yes q No

Are you a member? Yes No

When did you accept Christ as your Saviour? _____

Have you been baptized? Yes No

In a brief paragraph, please outline your spiritual journey. (If more space is needed please use back)

List any gifts, training, education or other qualifications that have prepared you to minister with children or youth. (E.g. First aid, abuse prevention etc.)

Ministry Information and Experience

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

Name of Church _____

Rough date attended _____ Member _____

Reason for departure from church _____

Name of Church _____

Rough dates attended _____ Member _____

Reason for departure from church _____

My present and previous ministry experience is as follows

Name of Church/Organization: _____

Description of Ministry: _____

Pastor or Ministry Supervisor _____

Phone Number _____

Name of Church/Organization: _____

Description of Ministry: _____

Pastor or Ministry Supervisor _____

Phone Number _____

Information about Your Ability to Work with Children and Youth

Do you have any health concerns which would impact your ability to perform the functions of the volunteer position for which you are applying? (Please note that such health concerns may not prevent you from holding the position for which you have applied for)

Yes No

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.

1. Name of Reference _____ Phone _____

How long have you known this person: _____

Address: _____

Nature of Relationship: _____

2. Name of Reference _____ Phone _____

How long have you known this person: _____

Address: _____

Nature of Relationship: _____

3. Name of Reference _____ Phone _____

How long have you known this person: _____

Address: _____

Nature of Relationship: _____

RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give the church consent to contact the references and current to obtain and verify any information from them (and any other persons that the Church determines might be able to provide relevant information) that may be relevant to my application.

I grant my permission for the church to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.

I further grant the church permission to perform an internet search on me and to review and consider any information found by me on the Internet.

I understand that if the church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in the church or for the volunteer position for which I am applying, the church may terminate my volunteer service or volunteer position for any reason without advance notice.

If the church approves my application for a volunteer position, I will sign any documents that the church requires and will at all times cooperate fully with the staff of the church in the fulfillment of my duties and will keep all confidential information I encounter in my role as a volunteer, confidential.

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 the church, I will inform the church 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 _____

Information received is confidential and is being gathered for the purposes of considering your application for volunteer ministry with the Church and for determining what, if any Church ministries, you may be suited for in future.

PLEASE NOTE THAT YOU WILL BE CONTACTED BY PHONE FOR YOUR INTERVIEW DATE. ANY QUESTIONS AND CONCURNS YOU MAY HAVE CAN BE ANSWERED AT THAT TIME.

MINISTRY PERSONNEL APPLICATION FORM

APPROVAL CHECKLIST

(For Office Use Only)

1. Ministry Interview Date _____

Name of Interviewer _____

2. References Checked q Date Completed _____

3. Criminal Record Check Received q Date Completed _____

4. Training Completed q Date Completed _____

5. Annual Training Date(s)

q Date _____

q Date _____

q Date _____

q Date _____

Signature of Witness _____

Printed Name _____ Date _____