Basic Information

Appendix A2

Ministry Volunteer Application Form

This form is intended for people applying to work in a ministry at *Hope Congregational Christian Fellowship* that involves contact with children or youth. 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. The information you provide in this form is confidential, except it is accessible to the Senior Pastor and relevant ministry leaders, as well as the authorities if there is an alleged abuse incident. Once completed, this form should be placed in the applicant's Volunteer Placement File. See Chapter 5 of "A Plan to Protect" for more information about the application process.

Name:	-3	Male	Female
Date of birth:			
Home address:			
Phone number(s):			
Email address:			
Marital status (circle one): single		married divorced	
Spouse's name (if applicable):			
Occupation and employer (if application	able):		
How long have you been a Christia	n?		
Church History			
How long have you attended Hope	Congregationa	al Christian Fe	llowship?
Are you a member of Hope Congre	gational Christ	ian Fellowship	?
If not, do you intend to become a member? Explain why or why not			

List a	any churches you a	ttended prior to attending Hope Fellowship (go back 5 years):
1.	Name of church: _	Name of pastor:
	Address:	
2.	Name of church: _	Name of pastor:
	Address:	
3.	Name of church: _	Name of pastor:
	Address:	
	Dates attended: _	
		y courses on Christian ministry? If so, list them.
Have	you completed an	y courses on working with children/youth? If so, list them
List a	any previous Christi	an child/youth ministry experience you have had:
1.	Name of church: _	
	Type of ministry: _	
	Dates:	
2.	Name of church: _	
	Type of ministry: _	
3.		

Conviction History

To provide a safe and secure environment for our children, we believe it is necessary to include the following question as part of our application process. Answering "yes" to the following question will not preclude your involvement in church ministry, but a meeting will be arranged with the Senior Pastor (or appropriate substitute) so that you may discuss the circumstances in person. Thank you for your understanding. Note that a full criminal record check is required as part of the application process (see Chapter 5).

Do any o	of the following	circumstances	apply to you	(check one)?	Yes	No
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- I have been convicted of or am under investigation for a criminal offence involving children or youth.
- I have been convicted of or am under investigation for a sexually-related crime.
- I have been convicted of or am under investigation for an abuse-related crime.

Medical Health

We recognize that medical health is personal, and inquiries about medical conditions can be a sensitive matter. However, it is important for us to ensure that workers are placed in the "right" ministry where they are physically and mentally capable of carrying out their duties reliably, responsibly, and safely.
Would you prefer to discuss relevant health issues with the Senior Pastor (or appropriate substitute) instead of writing them below? Yes No
Do you have any <i>physical conditions</i> that would prevent you from performing certain types of activities (lifting children, playing sports)? If so, please explain. If not, write "none"
Do you have any <i>mental illness</i> that would hinder your ability to responsibly carry out your child/youth ministry or in any way endanger children/youth? If so, please explain. If not, write "none"
Do you have any <i>communicable diseases</i> that would in any way endanger children or youth or fellow workers? If so, please explain. If not, write "none"
Do you have any current <i>substance abuse issues</i> that would in any way affect your ministry? If so, please explain. If not, write "none".

References

Plea	ase provide three references. See Ch	napter 5 for a list of suitable references.				
1.	Name:					
	Address:					
	Relationship to you (e.g., previous pastor):					
2.	Name:					
	Address:					
	Relationship to you (e.g., previous pastor):					
3.	Name:					
	Address:					
	Relationship to you (e.g., previous pastor):					
Mini	istry Opportunities					
	fly, why do you want to work in childre	en/youth ministry at Hope Congregational Christian				
	le any particular children/youth minist nat apply):	ries that you would like to be involved with (circle				
	Sunday Nursery	Youth midweek programs				
	Sunday school (pre-school)	Hall monitor ministry				
	Sunday school (older children)	Other?				

Hope Congregational Christian Fellowship	Abuse Policy 2011
List any of your characteristics/gifts that make you pand youth ministries that you identified above. (Exalude everything from the ability to do administrat children/youth in doing a puppet presentation. Don	amples of characteristics ive working with
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Applicant's Statement	
I hereby acknowledge that the information contained complete and correct to the best of my knowledge. Iisted in this application to provide Hope Congregation information they may have regarding my character and I release all such references from liability for an such evaluation to Hope Fellowship.	I authorize any references or churches ional Christian Fellowship with any and fitness for children's/youth ministry,
Applicant's signature:	
Date:	