



List any churches you attended prior to attending *Hope Fellowship* (go back 5 years):

1. Name of church: \_\_\_\_\_ Name of pastor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
2. Name of church: \_\_\_\_\_ Name of pastor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_
3. Name of church: \_\_\_\_\_ Name of pastor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates attended: \_\_\_\_\_

**Christian Ministry Experience**

Have you completed any courses on Christian ministry? If so, list them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you completed any courses on working with children/youth? If so, list them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any previous Christian child/youth ministry experience you have had:

1. Name of church: \_\_\_\_\_  
Type of ministry: \_\_\_\_\_  
Dates: \_\_\_\_\_
2. Name of church: \_\_\_\_\_  
Type of ministry: \_\_\_\_\_  
Dates: \_\_\_\_\_
3. Name of church: \_\_\_\_\_  
Type of ministry: \_\_\_\_\_  
Dates: \_\_\_\_\_

*Continued...*

**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 of the following circumstances apply to you (check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

- 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 *physical conditions* 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 *mental illness* 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 *communicable diseases* 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 *substance abuse issues* that would in any way affect your ministry? If so, please explain. If not, write "none". \_\_\_\_\_

\_\_\_\_\_

Continued...

**References**

Please provide three references. See Chapter 5 for a list of suitable references.

- 1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (include area code): \_\_\_\_\_  
 Relationship to you (e.g., previous pastor): \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (include area code): \_\_\_\_\_  
 Relationship to you (e.g., previous pastor): \_\_\_\_\_
- 3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (include area code): \_\_\_\_\_  
 Relationship to you (e.g., previous pastor): \_\_\_\_\_

**Ministry Opportunities**

Briefly, why do you want to work in children/youth ministry at Hope Congregational Christian Fellowship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle any particular children/youth ministries that you would like to be involved with (circle all that apply):

- |                                |                        |
|--------------------------------|------------------------|
| Sunday Nursery                 | Youth midweek programs |
| Sunday school (pre-school)     | Hall monitor ministry  |
| Sunday school (older children) | Other? _____           |

Continued...

List any of your characteristics/gifts that make you particularly suited to work with the children and youth ministries that you identified above. (Examples of characteristics include everything from the ability to do administrative work to being gifted at working with children/youth in doing a puppet presentation. Don't be modest!)

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**Applicant's Statement**

*I hereby acknowledge that the information contained in this application for ministry is complete and correct to the best of my knowledge. I authorize any references or churches listed in this application to provide Hope Congregational Christian Fellowship with any information they may have regarding my character and fitness for children's/youth ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to Hope Fellowship.*

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_