



July 15, 2003

# Volunteer Application for Children's Ministry and Child Care within The Peoples Church, Toronto

### PLEASE NOTE:

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.

It is, therefore, important that this form is completed by all those interested in ministering (volunteer and employee) in any position involving supervision or custody of children within The Peoples Church.

Please carefully study the guidelines that are provided for the programs and positions within the church's children's ministry.

### PERSONAL INFORMATION:

DATE: \_\_\_\_\_, 200\_\_

Name: \_\_\_\_\_  
Last First Middle (name usually used if not 'first' name)

Present Address: Street \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (only if OK to use) (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

#### Date of Birth

Month: \_\_\_\_\_  
Day: \_\_\_\_\_  
Year: (optional) \_\_\_\_\_

#### Marital Status:

Married  [Spouse=s Name \_\_\_\_\_  
Is your spouse supportive of your ministry involvement? \_\_\_\_\_  
Single  Other  \_\_\_\_\_

Children ? (with ages) : \_\_\_\_\_

**Office Use:** Date started application: \_\_\_\_\_

R=received W=waived NR=not received

\_\_\_\_\_ 6 months (initials/date \_\_\_\_\_)  
\_\_\_\_\_ Application (initials/date \_\_\_\_\_)  
\_\_\_\_\_ Signatures (2) (initials/date \_\_\_\_\_)  
\_\_\_\_\_ Interview (initials/date \_\_\_\_\_)  
\_\_\_\_\_ Reference Checks (initials/date \_\_\_\_\_)  
\_\_\_\_\_ Police Check completed (initials/date \_\_\_\_\_)

#### Office Use:

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

Area of Ministry: \_\_\_\_\_

Co-ordinator informed: \_\_\_\_\_

# TRAINING AND EQUIPPING HISTORY

*This information will help us fit you to the best possible ministry situation and training opportunities.*

→ Elementary and Secondary School: *Grade Completed* \_\_\_\_\_

→ College/University:

*Years Completed:* \_\_\_\_\_ *Degree Received:* \_\_\_\_\_

→ Present Occupation and/or Employer: \_\_\_\_\_

→ Hobbies, Interests or Skills: \_\_\_\_\_

→ List previous work (church and non-church) involving children.

Use a separate sheet of paper if needed.

<i>Church/Organization Name</i>	<i>Telephone</i>	<i>Contact</i>	<i>Type of Work</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

→ Have you taken any courses or received any training that would equip you for Christian ministry? Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

→ List gifts, callings, training, education, or other factors that may have prepared you for work with children. Use a separate sheet of paper if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SPIRITUAL HISTORY

Help us understand where you are coming from and how you have grown spiritually over the years.

Are you a Christian? Yes                      No

If yes, when did you receive Jesus as your Lord and Saviour? \_\_\_\_\_

If no, how would you describe yourself spiritually? \_\_\_\_\_

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

What does being a Christian mean to you? \_\_\_\_\_

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

Have you been baptized by immersion? Yes                      No                      Presently Interested

In a brief paragraph, please outline your spiritual journey. \_\_\_\_\_

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

How long have you attended The Peoples Church ? \_\_\_\_\_

Are you a member of The Peoples Church ? \_\_\_\_\_

List other churches you have attended over the past five years.

<i>Church Name</i>	<i>Telephone</i>	<i>Contact</i>	<i>Years Attended</i>
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

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

**Y N** 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?

**[Y N** If yes to the above question, would you like to meet with a pastor regarding the circumstances?]

**Y N** Have you ever been convicted for the use or sale of drugs?

**Y N** Have your ever been hospitalized or treated for alcohol or substance abuse?

**Y N** Have you ever been convicted of a criminal offense (excluding minor traffic violations)?

**Y N** Have you ever been accused, arrested or convicted for any sexually related crimes?

**Y N** Have you ever been accused, arrested or convicted of any abuse related crimes?

**Y N** Are there circumstances involving your lifestyle or background that would call into question your ability to work with children?

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

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Health Problems (Medical or Psychiatric)

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## 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.

### Pastoral reference:

**Name of Reference:** \_\_\_\_\_

Address: \_\_\_\_\_

*street*

*City*

*Prov.*

*Postal code*

Phone number: \_\_\_\_\_

How you know this person: \_\_\_\_\_

### Co-worker reference: (work or volunteer)

**Name of Reference:** \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*Prov.*

*Postal code*

Phone number: \_\_\_\_\_

How you know this person: \_\_\_\_\_

### Other non family member:

**Name of Reference:** \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*Prov.*

*Postal code*

Phone number: \_\_\_\_\_

How you know this person: \_\_\_\_\_

**RELEASE OF INFORMATION AND DECLARATION OF INTENT**

*Please read this declaration carefully and, if you agree, sign below.*

I understand that The Peoples 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 fulfilment 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 The Peoples 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 give The Peoples 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 The Peoples Church to perform a personal criminal records 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 confidentiality. I agree to adhere to the child 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, The Peoples Church will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statements by The Peoples Church prior to, at, or following the date of volunteer service.

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 \_\_\_\_\_

I have read the **Operating Policies for all Children's Ministries** and agree to comply with them to the best of my ability.

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

July 15, 2003

# THE PEOPLES CHURCH, TORONTO

374 SHEPPARD AVE. EAST, TORONTO, ONTARIO, M2N 3B6

# CHILDREN=S MINISTRY VOLUNTEER APPLICATION FORM



*please return to:* YVONNE R. FORD, DIRECTOR OF CHILDREN=S MINISTRIES