

**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, our youth and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

**Personal Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (B) \_\_\_\_\_

**Personal History**

Please provide a copy of your employment resume and/or list any employers with which you have worked in the past 20 years, including names and addresses or employers, dates of your employment, you position, and a contact person.

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

Hobbies, Interests or Skills

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

**Spiritual History**

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

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

Are you a member?  Yes  No

If not, are you willing to attend a membership seminar?  Yes  No

When did you accept Christ as your Saviour? \_\_\_\_\_

Have you been baptized?  Yes  No

If not, are you willing to attend a baptismal seminar?  Yes  No

In a brief paragraph, please outline your spiritual journey.

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List any gifts, training, education or other qualifications that have prepared you to minister with children or youth.

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### Ministry Information and Experience

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

1. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

2. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Member or 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 \_\_\_\_\_

### Information About Your Ability to Work with Children and Youth

In order to provide a safe and secure environment for our Church's children and youth, we believe it is necessary to include the following questions as part of our application process. All information will be kept confidential by church leadership and the *Plan to Protect*® team and will not be disclosed by the church unless required by law. Answering yes to any of the questions may not necessarily prevent you from volunteering with the church. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth in a Christian environment? (e.g. pornography, use of illegal substances, etc.)  Yes  No
2. Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted? (Note: this does not include minor traffic violations) If yes, please list offence(s) and date(s) of conviction: \_\_\_\_\_  
\_\_\_\_\_  Yes  No
3. Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons? (e.g. senior citizens or persons with disabilities)  Yes  No
4. Have you been investigated by the Child Welfare Agency or any other organization for suspected child abuse?  Yes  No

5. Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceedings in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving children, youth or vulnerable persons?  Yes  No
6. 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)  Yes  No
7. Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at the Church?  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 \_\_\_\_\_ Day Phone \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

2. Name of Reference \_\_\_\_\_ Day Phone \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

3. Name of Reference \_\_\_\_\_ Day Phone \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

I hereby give the church consent to verify the information provided by me in this Ministry Personnel Application Form and to contact the references and current and former employers listed above and 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 \_\_\_\_\_

Signature of Witness \_\_\_\_\_

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.

**STATEMENT OF FAITH**

**NOTE: PLEASE INSERT YOUR STATEMENT OF FAITH HERE**