



VOLUNTEER APPLICATION FORM

[For Senior Youth and Adults Working With Children/Youth]

- This form is to be completed by an applicant for any volunteer position within *COMMUNITY BIBLE CHURCH* involving the supervision or custody of minors or the developmentally disabled, and for any paid staff member, regardless of his/her job responsibilities. It is being used to help church leaders provide a secure environment for those children, youth and developmentally disabled persons who participate in our ministries and use our facilities.
- Information contained within will remain confidential and will be disclosed only to those individuals needing to know in order to carry out their responsibilities for CBC.

PERSONAL DATA

(Please print)

Date: _____

Name: _____
Last
First
Middle

Present Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ E-mail: _____

Date of birth: _____ Male: Female:

Have you any conditions preventing you from performing certain types of activities in the position for which you are being considered? For example, if working in the child care areas, are you unable to lift toddlers? If teaching /supervising children, are you unable to run short distances in an emergency? YES NO

If yes, please explain: _____

Have you ever committed an act of domestic violence or perpetrated or engaged in child pornography, child abuse, child molestation or any other crime related to persons? YES NO

Have you ever been convicted of domestic violence, child pornography, child abuse, child molestation or any other crime related to persons? YES NO . If yes, please explain on a separate sheet all such convictions.

Do you have a communicable disease? YES NO . If yes, please explain: _____

CHURCH ACTIVITY

What type of work with children, youth or developmentally disabled persons are you considering _____

On what date would you be available? _____

What is the minimum length of your commitment? _____

When did you accept Jesus Christ as your Saviour? _____

I will:

1. Cheerfully abide by the decisions of this church
2. Regularly attend church services, and
3. Teach and live according to the beliefs of this church.

YES NO

List other churches you have attended regularly during the past five [5] years. Give names and complete address (use back of page if necessary):

What type of volunteer service with children/youth have you done with churches over the past five years?

Church	Type of Volunteer Service	Person Overseeing this Ministry
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. If you are a minor, you may use the name of a parent and/or teacher. If possible, include at least one reference from inside Community Bible Church. Two of these references will be called.

1. Name: _____ Phone: _____
 Address: _____ E-Mail: _____
2. Name: _____ Phone: _____
 Address: _____ E-Mail: _____
3. Name: _____ Phone: _____
 Address: _____ E-Mail: _____

Check the ministry positions listed below that interest you [experience not necessary]

- | <u>HELPING</u> | <u>TEACHING</u> | <u>SPECIAL ASSIGNMENT</u> | <u>OTHER</u> |
|---------------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Preschool | <input type="checkbox"/> Music | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Grades 1-3 | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Preschooler | <input type="checkbox"/> Grades 4-6 | <input type="checkbox"/> Crafts | <input type="checkbox"/> VBS work |
| <input type="checkbox"/> Youth worker | <input type="checkbox"/> Youth | <input type="checkbox"/> Games/Fun | <input type="checkbox"/> Club work |

I have read or taken the seminar on "Plan to Protect". YES NO

I am willing to attend the seminar on "Plan to Protect". YES NO

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Community Bible Church any information they may have regarding my character and fitness to work with children/ youth or developmentally disabled persons, and I release all such references from liability for any damage that may result from furnishing such evaluations to said Church.

I understand that if I am employed or work in a volunteer capacity, and should my character and morals be inappropriate and /or criminal, my employment or volunteer assistance shall cease and that Community Bible Church shall be entitled to terminate my employment or volunteer capacity at any time, without expressed cause or prior notice to, at or following the date of employment or commencement or volunteer service.

The Provincial Government provides a criminal records check service to non-profit organizations. Use of that service helps to insure a safer environment for those to whom we minister, as well as protection for volunteers and compensated staff members, should a false allegation occur. Since attorneys for the Associated Gospel Churches recommend that such services are often important, I consent to provide Community Bible Church with a criminal records check, as long as the results are kept confidential.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print) _____

Parent's Signature (if applicant is a minor) _____ Date: _____

Witness' Signature: _____ Date: _____

Witness' Name (please print): _____