

APPLICATION FORM FOR MINISTRIES TO CHILDREN & YOUTH

(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

Children's/Youth Ministries
127 Hespeler Rd., Cambridge, ON N1R 3G9
519-621-6310

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.

PERSONAL INFORMATION

Full Name _____ Male ____ Female ____

Phone Number (Res.) _____ (Bus.) _____

Address _____ P. Code _____

e-mail Address _____

Single ____ Married ____ Engaged ____ Separated ____
Divorced ____ Remarried ____ Widow/Widower ____

Date of Birth _____

Spouse's Name _____

Occupation and/or Employer _____

Hobbies, Interests or Skills _____

SPIRITUAL INFORMATION

How long have you attended Calvary Pentecostal Assembly? _____
Member? Yes ____ No ____

When did you accept Christ as your Savior? _____

Have you been baptized in water? Yes ____ No ____

CHRISTIAN EDUCATION HISTORY

Have you completed any Christian Education teacher Certification courses? If yes, give details. _____

Please list any courses or training you may have taken that would particularly equip you for Christian Ministry.

CHURCH ATTENDANCE BACKGROUND

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

1. Name of Church _____ Phone # _____

Address _____

Dates Attended _____ Member or Adherent _____

2. Name of Church _____ Phone # _____

Address _____

Dates Attended _____ Member or Adherent _____

PRESENT AND PREVIOUS MINISTRY EXPERIENCE

1. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____

2. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____

3. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone # _____

LIFESTYLE

*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. (Police may access this information under warrant, if requested.) Answering "yes" to any of the questions may not necessarily preclude your involvement in ministry. **A meeting will be arranged with a Pastor so that you may discuss the circumstances.** Thank you in advance for your understanding.*

If any of the following circumstances apply to you, please check here. _____

- ◆ Have been convicted of a criminal offense involving children.
- ◆ Have been convicted of a sexually related crime.
- ◆ Have been convicted of an abuse related crime.
- ◆ Have been hospitalized or treated for alcohol or substance abuse.
- ◆ Have any communicable disease.
- ◆ In treatment for any form of mental illness.

Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports, etc.)? If so, please explain. _____

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 the church.

1. Name of Reference _____

Address _____ Phone # _____

2. Name of Reference _____

Address _____ Phone # _____

3. Name of Reference _____

Address _____ Phone # _____

MINISTRY PROFILE

In answering the following, please don't be too humble as the purpose of this section is for you to declare your strengths so that your giftings will be put to the best use possible.

Mark the areas in which you desire to: **Oversee** (put an "O" in the box), **Assist** (put an "A" in the box), **Receive Training** (put a "T" in the box).

Nursery AM ___ PM ___	<input type="checkbox"/>	Stomp Day Camp (summer)	<input type="checkbox"/>
Kids Small Group Leader	<input type="checkbox"/>	The Jungle (afterschool)	<input type="checkbox"/>
Promiseland 2 year olds	<input type="checkbox"/>	Large Group Teaching	<input type="checkbox"/>
Promiseland 3 & 4 year olds	<input type="checkbox"/>	Wed. Kids Club SK – Grade 5	<input type="checkbox"/>
Promiseland SK – Grade 1	<input type="checkbox"/>	Wed. Evening 2 – 4 year olds	<input type="checkbox"/>
Promiseland Grades 2-5	<input type="checkbox"/>	Wed. Evening Nursery	<input type="checkbox"/>
Welcome Desk	<input type="checkbox"/>	Wed. Evening Registration	<input type="checkbox"/>
Promotions/Contests	<input type="checkbox"/>	Recruitment	<input type="checkbox"/>
Playground (weekdays)	<input type="checkbox"/>	Bus Driver	<input type="checkbox"/>
Special Events Kitchen Help	<input type="checkbox"/>	Prayer	<input type="checkbox"/>
Drama/Puppets	<input type="checkbox"/>	Crafts	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Administration/Office	<input type="checkbox"/>

APPLICANT'S STATEMENT

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also grant my permission for Calvary Pentecostal Assembly to perform a personal Criminal Record Check for the purpose 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 extremely confidential. I further agree to adhere to the Child Protection Policy as adopted by Calvary Pentecostal Assembly.

Applicants Name (please print)

Date

Signature