

Appendix 1 - Ministry Personnel Application Form (Adults) for Vulnerable Person Ministries

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our Children, 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) _____ (W) _____

Personal History

Occupation and/or Employer

Hobbies, Interests or Skills

Spiritual History

How long have you attended Shuswap Community Church? _____

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

Are you a member of Shuswap Community Church? Yes No

Have you been baptized? Yes No

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

Appendix 1

In a brief paragraph, please outline your spiritual journey (how you came to know Christ as Saviour and what you are currently doing to grow in your relationship with Him).

List any gifts, training, education or other qualifications that have prepared you to minister with Children, Youth and Vulnerable Adults.

Ministry Information

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 # _____

2. Name of Church/Organization

Dates and Description of Ministry

Pastor or Ministry Supervisor _____ Phone # _____

Confidential Information

In order to provide a safe and secure environment for our Children, Youth and Vulnerable Adults, 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. (Police may access this information, under warrant, if requested.) Answering yes to any of the questions may not necessarily preclude your involvement in ministry. Thank you in advance for your understanding.

- 1. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with Children, Youth and Vulnerable Adults? (e.g. use of illegal substances, etc.) Yes No
- 2. Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (excluding minor traffic violations)? Yes No

If yes, please list offence(s) and the date(s) of conviction: _____

- 3. Have you ever been expelled from or had your employment terminated by any organization or employer for assault, violence or impropriety against a Child, Youth or Vulnerable Person (e.g. senior citizen or person with disabilities)? Yes No
- 4. Have you ever 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 proceeding 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 Adults? Yes No
- 6. Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note 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 our organization? Yes No

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

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 _____ Phone Number _____

Address

Nature of Relationship _____

2. Name of Reference _____ Phone Number _____

Address

Nature of Relationship _____

3. Name of Reference _____ Phone Number _____

Address

Nature of Relationship _____

- Release of Information and Declaration of Intent

I hereby give Shuswap Community Church permission to contact the 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 give Shuswap Community Church consent to verify the information provided herein and to contact the references listed. I waive any right to confidentiality and of any right to pursue damages against Shuswap Community Church for losses caused by the reference's response.

I also grant my permission for Shuswap Community Church to perform a police records check, 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 strict confidence. I agree to adhere to the protection policies as adopted by this SCC.

I understand that if my character or morals are deemed by Shuswap Community Church leadership to be inappropriate and/or criminal at any time during my volunteer service, SCC will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by SCC prior to, at, or following the date of volunteer service.

I understand that Shuswap Community Church is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff in the fulfillment 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 SCC, 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 acknowledge that, to the best of my knowledge, the information contained in this application for volunteer ministry is true and correct. I accept and agree to adhere to the Statement of Faith of Shuswap Community Church.

Signature of Applicant

Printed Name _____ Date _____

Signature of Witness

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening Ministry Personnel and placing them into ministry with Children, Youth and Vulnerable Adults. The information gathered here will be used for the purposes of supporting the ministries at Organization.