



# Children's Ministry Application Form



It is our desire to reduce the risk of abuse within our church ministries; we believe this information is necessary to protect our children and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

PERSONAL INFORMATION	
Name	
Address	
City	
Phone Number	
Email	

SPIRITUAL HISTORY	
How long have you attended Calvary Gospel Church?	
Do you regularly attend (2 or more services a month)?	
Are you a member?	
When did you accept Christ as your Saviour?	
Have you been baptized?	

In a brief paragraph, please outline your spiritual journey.

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

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## MINISTRY INFORMATION AND EXPERIENCE

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

1. Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Member? \_\_\_\_\_

Dates Attended \_\_\_\_\_

2. Name of Church \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Member? \_\_\_\_\_

Dates Attended \_\_\_\_\_

My present and previous ministry experience is as follows:

1. Name of Church/Organization \_\_\_\_\_

Description of Ministry Involvement \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

Pastor/Ministry Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

2. Name of Church/Organization \_\_\_\_\_

Description of Ministry Involvement \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

Pastor/Ministry Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

## **INFORMATION ABOUT YOUR ABILITY TO WORK WITH CHILDREN**

In order to provide a safe and secure environment for Calvary Gospel's children we believe it is necessary to ask the following questions as part of our application process. All information will be kept in confidence by church leadership and will not be disclosed by the church unless required by law. Answering "yes" to any of the following questions may not necessarily prevent you from volunteering with the church. Thank you in advance for understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children in a Christian environment? (e.g. use of pornography, use of illegal substances, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted? (Note: this does not include minor traffic violations) If yes, please list offence(s) and the date (s) of the conviction.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been expelled from or had your employment terminated by any organizations or employer for assault or violence against any person, or for assault, violence or impropriety with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 behavior or conduct involving children, youth or vulnerable persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	
7. 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 that such health concerns may not prevent you from holding the position for which you have applied.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

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

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

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

How long have you known this person? \_\_\_\_\_

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

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

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

How long have you known this person? \_\_\_\_\_

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

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