



# VOLUNTEER & STAFF APPLICATION FORM

*This form is to be completed by an applicant for any volunteer position within Hope City Church Barrie involving the supervision or custody of minors, developmentally disabled, or vulnerable people, 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 vulnerable persons who participate in our programs and use our facilities.*

(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

Use the back of the page if more space is needed.

DATE:

NAME:	
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ADDRESS:	
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PHONE:		
	(CELL)	(HOME)

EMAIL:	
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SOCIAL INSURANCE NUMBER:	
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DRIVER'S LICENSE:	
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DATE OF BIRTH:	
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HOW LONG HAVE YOU ATTENDED HOPE CITY CHURCH?
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Briefly describe the reasons why you would like to join this ministry.

Please tell us about your relationship with Jesus, including how you became a Christian (use more space on the back of the page, if necessary).

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How would you describe your spiritual disciplines? Can you share something that God has been teaching you or changing in you, recently?

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Please list any courses or training in Christian Education, or other courses, that would specifically assist you in your service at Hope City Church:

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What is your availability to serve?

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What Church(es) do you (or did you) attend (if different than Hope City Church) and for how long?

NAME OF CHURCH	STARTED ATTENDING:	END DATE:

Present and Previous Ministry Experience: Please list personal references (appropriate to the volunteer capacity and your Christian life).			
NAME OF CHURCH:	SUPERVISOR:	START DATE:	END DATE:

### LIFESTYLE

*In order to provide a safe and secure environment for our children and other vulnerable persons, 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 or psychological conditions that would prevent you from performing certain types of activities? If so, explain:

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## REFERENCES

*Please provide the names of three (3) 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 outside the church.*

1. Name of Reference \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

## APPLICANT'S STATEMENT

I hereby acknowledge that 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 *Hope City Church Barrie* any information they may have regarding my character and fitness for ministry, and I release all such references from liability for any damage that may result from furnishing such evaluations. I also grant my permission for *Hope City Church Barrie* 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 in extreme confidentiality. I further agree to adhere to the Risk Reduction policy as adopted by *Hope City Church Barrie*. I acknowledge that the requested Police Record Check must be delivered to *Hope City Church Barrie* unopened and in a sealed envelope.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (please print): \_\_\_\_\_