



Volunteer Application

Name	
Street Address	
City	
Postal Code	
Email Address	
Phone Number – Day	
Phone Number – Evening	
Date of Birth	

Position applying for: _____

Do you have current CPR and First Aid training? Yes No

Do you consider yourself to be a Christian? Yes No Unsure

If yes, how long have you possessed a personal Christian faith?

Are you a member of JCCRC? Yes No

If no, are you a member of another Church? Yes No

If yes, what Church are you a member of? _____

Are you involved in or volunteering with other present Ministry/Church initiatives or programs?
This can include but is not limited to Children’s Programs, Youth Programs, Adult Ministries,
Small Group Ministries or Committees.

Please identify your previous experience volunteering, gifts, skills, training, education or interests that may benefit you within this role?

Information about your Ability to Work with Minors/Vulnerable Persons

In order to provide a safe and secure environment for our Minors and Vulnerable Persons, we believe it is necessary to ask the following questions as part of our application process. All information will be kept in confidence by the Jennings Creek Christian Reformed Church (JCCRC) administration and will not be disclosed by JCCRC unless required by law. Answering 'yes' to any of the following questions may not necessarily prevent you from volunteering with JCCRC. Thank you in advance for your understanding.

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.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any circumstances involving your lifestyle or background that would call into question your ability to work with Minors or Vulnerable Persons? (e.g. the use of pornography or illegal substances, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been investigated by any child welfare agency or any other organization for suspected abuse of Minors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been treated for alcohol or substance abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 Minors or Vulnerable Persons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving Minors or Vulnerable Persons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination or other religious organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been expelled from or had your volunteer role/employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with Minors or Vulnerable Persons?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above (page 2) questions please explain:

References

If applying for Cadets or GEMS Head Counsellor Positions, Coffee Break Leader, Sunday School Superintendent, Friendship Coordinator or Youth Leader, or any other ministry role involving Minors or Vulnerable Persons, please provide two personal references. These references should not be related to you.

	Reference 1	Reference 2
Name		
Address		
Phone Number – Day		
Phone Number - Evening		
Email Address		
Relationship to Applicant		

Release of Information and Declaration of Intent

I hereby give Jennings Creek Christian Reformed Church (JCCRC) permission to contact persons named as references to ascertain my suitability for volunteering at JCCRC. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also consent to and have included a Police Vulnerable Sector Check with this application. 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 treated with the utmost confidence, subject to the requirements of the law. (This paragraph only applies to those 18 years and older.)

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, JCCRC may terminate my assistance.

I understand that JCCRC is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the ministry leaders and JCCRC staff in the fulfillment of my duties. If, at any time I find that, for any reason, I am unable to support the policies and procedures of JCCRC, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies and procedures and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I agree to adhere to the policies and procedures adopted by JCCRC and will report any deviations from the policy that I become aware of.

I hereby acknowledge that the information contained in this application for volunteering at JCCRC is correct to the best of my knowledge. I agree to update the information in this document if any pertinent information changes.

Signature: _____ Date: _____

Name (print): _____

Approval Process (For Office Use Only)

1. Interview Date: _____ Interviewed by _____

Interview Method of Contact: Phone In Person

Interview Comments:

2. Signature on page 4 of application Yes No

3. References Checked (Date Completed) _____

4. Police Vulnerable Sector Check (Date Completed) _____

5. Abuse Prevention Policy Training (Date Completed) _____