

# Calvary Temple Church

## Children & Youth Ministry Volunteer Personnel Application Form (For Youth Staff - Age 13 to 17)

In 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.

**Ministry / Department** you are applying to serve: \_\_\_\_\_

### Personal Information

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Address  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Parents \_\_\_\_\_ Phone Number \_\_\_\_\_

Are your parents supportive of your ministry involvement?  Yes  No

If no, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies, Interests or Skills  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience and Part-time Jobs  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spiritual History**

How long have you attended Calvary Temple Winnipeg? \_\_\_\_\_

Do you regularly attend (2 or more times a month)? \_\_Yes \_\_No

Would you say that you have personally received Christ as your Saviour? \_\_ Yes \_\_ No

If yes, when \_\_\_\_\_

In a brief paragraph, please describe your current relationship with Jesus.

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**Ministry Questionnaire**

Describe why you would like to be part of our Children’s Ministry Team.

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What strengths or assets would you bring to our Children’s Ministry Program?

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What areas of concern do you have in working with Children?

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Do you see yourself as a team player?  Yes  No

Please explain.

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Please list the area of  Children’s  ministry in which you would like to serve.

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**Calvary Temple Winnipeg Inc. | Plan to Protect® Policy**

## References

List complete contact information for three adults that you've known for at least one year and who have a definite knowledge of your character and ability to work with Children. You may include one reference from a relative, but must also include references from; your Youth Pastor, an employer/supervisor or a teacher. References will be contacted.

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 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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. The information gathered here will be used for the purposes of supporting the ministries at Calvary Temple Winnipeg Inc. No application will be considered without signature and consent of Parent/Guardian.