

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

Calvary Temple Winnipeg Inc. | Plan to Protect® Policy

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Spiritual History

Appendix 2

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.

Ministry Questionnaire

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

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

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

Do you see yourself as a team player? ☐ Yes ☐ No

Please explain.

Please list the area(s) of Children's & Youth ministry in which you would like to serve.

Calvary Temple Winnipe

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.