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**MINISTRY APPLICATION FORM FOR MINISTRIES TO CHILDREN & YOUTH**

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(Information received is strictly confidential)

We recognise that this Ministry Application Form is extensive. We wish we did not have to ask these questions. However, in our desire to reduce the risk of abuse within our children & youth ministries, we believe this information is necessary to protect our children and to protect our volunteers. Thank you in advance for your understanding.

PERSONAL INFORMATION

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Spouses Name \_\_\_\_\_

Is your spouse supportive of your ministry involvement? If no, please explain \_\_\_\_

\_\_\_\_\_

PERSONAL HISTORY

Elementary and Secondary School: Grade Completed \_\_\_\_\_

College/University: Years Completed \_\_\_\_\_ Degree Received \_\_\_\_\_

Occupation and/or Employer \_\_\_\_\_

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

SPIRITUAL HISTORY

How long have you attended Northside Bible Chapel? \_\_\_\_\_

When did you accept Christ as your Saviour? \_\_\_\_\_

Have you been baptised? Yes \_\_\_ No \_\_\_\_\_

In a brief paragraph, please explain why you are interested in this ministry. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken any courses or received any training that would equip you for this ministry?

\_\_\_\_\_

\_\_\_\_\_

MINISTRY INFORMATION

Other assemblies/churches I have regularly attended the last five years are as follows:

1. Name of Assembly \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Contact name \_\_\_\_\_

2. Name of Assembly \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Contact name \_\_\_\_\_

My present and previous ministry experience is as follows:

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

Dates and Description of Ministry \_\_\_\_\_

Leader \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Dates and Description of Ministry \_\_\_\_\_

Leader \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name of Assembly/Organization \_\_\_\_\_

Dates and Description of Ministry \_\_\_\_\_

Leader \_\_\_\_\_ Phone Number \_\_\_\_\_

CONFIDENTIAL INFORMATION

In order to provide a safe and secure environment for *our* children and youth, we believe it is necessary to include the following questions as part of our application process. The Elders will keep all information 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. Thank you in advance for your understanding.

- 1) Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? Yes No
- 2) Do you have any health concerns of which we should be aware? (e.g. medical, psychiatric) Yes No
- 3) In the past seven years:
  - a) Have you been convicted for the use or sale of illegal drugs? Yes No
  - b) Have you been in treatment for alcohol or substance abuse? Yes No
  - c) Have you ever been convicted of a criminal offence (minor traffic violations are not criminal offences)? Yes No
  - d) Have you been arrested or convicted for abuse-related crimes? Yes No
  - e) Have you been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behaviour or conduct involving children, youth or adults? Yes No
  - f) Have you 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 children or youth? Yes No

- g) Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination, or other religious organization involving matters associated with children or youth? Yes No

If you have answered yes to any of the above questions, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### REFERENCES

Please provide the names of two individuals, excluding relatives, who could provide a reference for you.

1. Name of Reference

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

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

2. Name of Reference

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

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

#### RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give Northside Bible Chapel permission to contact persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I also grant my permission for Northside Bible Chapel to perform a personal criminal record check, if deemed necessary, 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 kept in extreme confidence. I agree to adhere to the protection guidelines as adopted by Northside Bible Chapel.

I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, Northside Bible Chapel will be entitled to terminate my assistance without expressed cause or prior notice regardless of any other oral or written statement by Northside Bible Chapel prior to, at, or following the date of volunteer service.

I understand that Northside Bible Chapel is responsible for the welfare of any person or persons entrusted to my care, and thus I will co-operate fully with the staff in the fulfilment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of Northside Bible Chapel, I will gracefully and quietly resign my volunteer position. If my leaders find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I have read and understood the document titled "NBC Plan to Protect" and I agree to fully comply with its policies and procedures in order that the physical, mental, and emotional health of all children and youths at Northside Bible Chapel can be safeguarded.

I hereby acknowledge that the information contained in this application for volunteer ministry is correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent or Guardian if Applicant under 18 years of age)

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*For use of Elders/leaders.*

**REFERENCE CHECKS**

Reference Contacted	Person Contacting	Date	Comments

**INTERVIEW**

Interviewers	Date	Comments

**ASSESSMENT BY ELDER**

This Applicant is: suitable / not suitable

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Elder's Name: \_\_\_\_\_