



WOODSIDE

# MINISTRY VOLUNTEER APPLICATION FORM

For Volunteers (16+) working with  
Children, Youth, and Vulnerable Adults

**(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)**

*In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children, youth, vulnerable adults, and volunteers and to effectively place our volunteers in ministry positions.  
Thank you in advance for your partnership.*

## Personal Information

Full Name					
Address		City		Postal Code	
Phone (Home)		Work#		Cell#	
Email			Date of Birth		
Occupation/Employer					

## Spiritual History

Do you regularly attend Woodside (2 or more services/month)? \_\_\_\_\_

If **no**, do you regularly attend another church? Which? \_\_\_\_\_

How long have you attended Woodside or the church listed above? \_\_\_\_\_

Are you a member of Woodside?	Yes	No	
If not, are you willing to attend a membership seminar?	Yes	No	
Have you accepted Christ as your Saviour?	Yes	No	Not Sure

**PLEASE NOTE** – if you are still investigating what it means to accept Christ, you will be limited to certain ‘non-leadership’ roles, but are encouraged to assist in other ways.

In a brief paragraph, please outline your spiritual journey.

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Describe briefly how you would explain to someone how they can become a Christian.

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List any gifts, training, education or other qualifications that have prepared you to minister with children, youth or vulnerable adults.

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## **Ministry Information and Experience**

Churches I attended in the last five years are as follows:

1. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_
2. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

My present and previous ministry experience is as follows:

1. Name of Church/Organization \_\_\_\_\_  
Dates and Description of Ministry \_\_\_\_\_  
Pastor or Ministry Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name of Church/Organization \_\_\_\_\_  
Dates and Description of Ministry \_\_\_\_\_  
Pastor or Ministry Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

## Information About Your Ability to Work with Children/ Youth or Vulnerable Adults

In order to provide a safe and secure environment for our church's children, youth and vulnerable adults, we believe it is necessary to include the following questions as part of our application process. **All information will be kept confidential by church leadership and the Plan to Protect team and will not be disclosed by the church unless required by law.** Answering yes to any of the questions may not necessarily prevent you from volunteering with the church.

**THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING.**

1.	Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children/youth or vulnerable adults in a Christian environment? <i>(e.g. pornography, use of illegal substances, etc.)</i>	Yes	No
2.	Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted? <i>(Note: this does not include minor traffic violations)</i> If yes, please list offence(s) and date(s) of conviction:  _____		
3.	Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable adults?	Yes	No
4.	Have you been investigated by the Child Welfare Agency or any other organization for suspected child abuse?	Yes	No
5.	Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceedings in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behavior or conduct involving children, youth or vulnerable adults?	Yes	No
6.	Do you have any health concerns which would impact your ability to perform the functions of the volunteer position for which you are applying? <i>(Please note that such health concerns may not prevent you from holding the position for which you applied.)</i>	Yes	No
7.	Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at Woodside?	Yes	No

## References

Please provide the names of three individuals who could provide a reference for you. If possible, include one reference from inside the church. Acceptable references include: employer, small group leaders, mentor, counselor, former pastor or ministry leader. Please do not include close relatives.

1.	Name of Reference		Day Phone#	
	How long have you known this person?		Evening Phone#	
	Nature of Relationship			
2.	Name of Reference		Day Phone#	
	How long have you known this person?		Evening Phone#	
	Nature of Relationship			
3.	Name of Reference		Day Phone#	
	How long have you known this person?		Evening Phone#	
	Nature of Relationship			

## Release of Information and Declaration of Intent

I hereby give the church consent to verify the information provided by me in this Ministry Volunteer Application Form and to contact the references and current employer listed above and to obtain and verify any information from them (and any other persons that the Church determines might be able to provide relevant information) that may be relevant to my application.

I grant the church permission to perform an internet search on me and to review and consider any information found about me.

I understand that if the church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in the church or for the volunteer position for which I am applying, the church may terminate my volunteer service or position for any reason without advance notice.

If the church approves my application for a volunteer position, I will at all times cooperate fully with the staff of the church in the fulfillment of my duties and will keep all confidential information I encounter in my role as a volunteer, confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies, procedures or doctrine of the church, I will inform the church and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Ministry Volunteer Application Form is true and correct.

I further agree to adhere to the "Plan to Protect" Policy as adopted by Woodside Bible Fellowship.

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

Date \_\_\_\_\_

(PLEASE RETURN TO THE CHURCH OFFICE WHEN COMPLETE)