

Children's Ministry Application Form

The completion of this application is requested of individuals involved in the supervision of minors at New City Church Toronto. We recognize this form is extensive. We believe this information is necessary to protect our children, to protect our volunteers, and to effectively place our volunteers in ministry positions. Thank you, in advance, for your partnership.

Personal Information (PLEASE PRINT)

Male Female

Full Name _____ Date of Birth _____

Present Address _____ Postal Code _____

Telephone (H) _____ (C) _____

Email _____

Marital Status (Please check) Married Single

Name of Spouse (if applicable) _____

Name and ages of children (if applicable) _____

In what area (s) of children's ministry are you interested? (Please check)

Nursery

Toddler

Children's Church

Personal History

Occupation and/or Employer _____

Hobbies, Interests or Skills _____

Spiritual History

How long have you attended New City Church Toronto? _____

Do you regularly attend (2 or more services a month)? Yes No

Are you a member of New City Church Toronto? Yes No

When did you accept Christ as your Saviour? _____

If you are not a member of New City Church Toronto, briefly outline in the space provided your personal testimony, spiritual journey, and present relationship with Jesus Christ.

What abilities and experience do you bring/offer to this ministry, if any? (e.g. Gifts, skills, training, education or other qualifications)

List the churches you have attended regularly during the last five years:

1. Name of Church _____ Phone Number _____
Address _____
Dates Attended _____ Member? Yes No

2. Name of Church _____ Phone Number _____
Address _____
Dates Attended _____ Member? Yes No

My present and previous ministry experience is as follows:

1. Name of Church/Organization _____
Dates and Descriptions of Ministry _____
Pastor or Ministry Supervisor _____ Phone Number _____

2. Name of Church/Organization _____
Dates and Descriptions of Ministry _____
Pastor or Ministry Supervisor _____ Phone Number _____

Are you willing to attend training/meeting/workshops to prepare and equip you for this ministry?
(Please check) Yes No

If No, explain briefly: _____

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 the application process. All information will be kept confidential by the church leadership (police may access this record under warrant). Answering yes to any of the following questions may not necessarily preclude your involvement in ministry. Thank you in advance for your cooperation.

- 1. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? (ie. Pornography, use of illegal substances, etc...) Yes No
- 2. Have you ever been accused or convicted of impropriety with children? Yes No
- 3. Have you ever been convicted for the use or sale of illegal drugs? Yes No

4. Have you ever been through treatment for alcohol or substance abuse? Yes No
5. Have you ever been convicted of a criminal offense (excluding minor Traffic violations)?
Yes No
6. Have you ever been arrested or convicted for any abuse related crimes? Yes No
7. Have you ever been investigated by the Child Welfare Agency for suspected child abuse?
Yes No
8. Have you ever 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
9. 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 children or youth? Yes No
10. Have you ever been subjected to expulsion, reprimand, or other discipline by a church, denomination, or other religious organization? Yes No
11. Have you ever been the subject of any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer? Yes No
12. Do you have any health concerns of which we should be aware? (ie. Medical, psychiatric)
Yes No

References

Please provide the names, addresses, and telephone numbers of TWO individuals not related to you who could provide a reference for you (e.g. pastor, council member, friend). At least one should be from outside New City Church Toronto.

Name: _____
 Address: _____
 Telephone Number: _____ Email: _____
 Nature of relationship: _____

Name: _____
 Address: _____
 Telephone Number: _____ Email: _____
 Nature of relationship: _____

If you have been attending New City Church Toronto for LESS than one year, please provide the names, addresses, and telephone numbers of one additional individual who could provide a reference for you. This reference must either be a current attendee of New City Church Toronto for over a year, or a ministry member from a previous church.

Name: _____
 Address: _____
 Telephone Number: _____ Email: _____
 Nature of relationship: _____

Applicant's Statement

I authorize any references or churches listed in the application to give you any information regarding my character and fitness for children's and/or youth work. I release all such references from liability for any damage that may result from furnishing such an evaluation to you. I waive any right to confidentiality and of any right to pursue damages against the church caused by the reference's response. I also give my permission for New City Church Toronto to perform a personal criminal record check as perceived necessary for purposes of my protection against any false allegations and the protection of those I serve. I consent to such an investigation with the understanding that the results will be kept in strict confidence. I agree to adhere to the protection policies as adopted by this church.

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

I understand that New City Church Toronto is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff and Elders in the fulfillment of my duties and will keep all information I encounter in my role as volunteer confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of New City Church Toronto, I will gracefully and quietly resign my volunteer position. If my supervisors 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 resign my volunteer position.

I acknowledge receipt of New City Church Toronto's Plan of Protection (available online <http://tinyurl.com/ncctcmp>).

I hereby acknowledge that the information contained in this application for volunteering in Children's ministry is true and correct to the best of my knowledge.

Applicant's Signature _____
Printed Name: _____ **Date** _____

Signature of Witness _____
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 or youth at New City Church Toronto.