



FBC MINISTRY APPLICATION FORM

For ADULTS working with CHILDREN or YOUTH

Thank you for your interest in serving in Children's or Youth ministry here at First Baptist Church. Each child and youth represents almost unparalleled potential and as such, we highly value the opportunity to minister to each one individually and as a whole. We value our volunteers and the time and effort that they expend in making our ministry areas successful. We trust that you too will benefit in your spiritual journey, serving God in this capacity.

CRIMINAL RECORD CHECK

Due to our responsibility to reduce risk within our various church ministries part of the application process for volunteers intending to work with children or youth includes the completion of a Criminal Record check. These checks can usually be completed online, following the instruction that will be emailed to you in the near future. If you encounter any problems with completing the process or if you do not receive an email with instructions after a reasonable amount of time, please contact the staff member that you have been working with through this application process. *Note:* FBC will be billed directly for this service and thus there will be no charge to you.

GENERAL INFORMATION (Please print)

Full Name: _____ Date: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Birthdate: _____/_____/_____
day month year

Email: _____

Phone Number: (H) _____ (C) _____

How long have you attended FBC? _____

Are you a regular attender of FBC? ☐ Yes ☐ No
(Average of 2 Sundays per month or more)

Are you a member of FBC? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Other (If other, please describe): _____

Spouse's Name (if applicable): _____ Child(ren) Name(s) & Age (if applicable): _____

NOTE: Submitting this form gives consent to FBC to utilize the information provided above in ways relevant to the purpose of your submission; enter you in the FBC electronic database and add you to an applicable FBC email list(s). Should you desire to be removed from the list(s) in the future just click on the 'Unsubscribe' link provided at the end of FBC emails.

Date: _____ Signature: _____

SPIRITUAL HISTORY

Have you accepted Jesus Christ as your Saviour? ☐ Yes ☐ No How long ago? _____

Have you been baptized? ☐ Yes ☐ No

Please share how you came to know Jesus and where you are now in your faith (use the back of page if needed):

List any spiritual gifts, training, education, experience or other qualifications that have equipped and prepared you to serve in this capacity:

MINISTRY INFORMATION AND EXPERIENCE

Please list the area of ministry and capacity in which you would like to serve: _____

Please circle the commitment level you would be able to agree to: Weekly / Bi-weekly / Monthly / Other

If *Other*, please describe _____

Please list some of your hobbies, interests or skills:

Churches you have attended in the last five years are as follows:

1. Name of Church: _____ Phone Number: _____

Address: _____

Dates Attended: _____ Member or Adherent: _____

2. Name of Church: _____ Phone Number: _____

Address: _____

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: _____

REFERENCES

Please provide the names and contact information of three individuals, excluding relatives, who could provide a reference for you. Please include at least one reference from outside the church. Provide each reference with a reference form to be returned to Pleasantview Bible Camp following the instructions on the form.

1. Name of Reference _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Email Address _____ Nature of Relationship: _____

2. Name of Reference _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Email Address _____ Nature of Relationship: _____

3. Name of Reference _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Email Address _____ Nature of Relationship: _____

CONFIDENTIAL INFORMATION

In order to provide a safe and secure environment for our Church's children and youth, 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 or youth in a Christian environment? ☐ Yes ☐ No

2. Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted? (Note: this does not include minor traffic violations) ☐ Yes ☐ No

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 persons? (e.g. senior citizens or persons with disabilities) ☐ 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 behaviour or conduct involving children, youth or vulnerable persons? ☐ 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? (Please note that such health concerns may not prevent you from holding the position for which you have applied) ☐ 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 the Church? ☐ Yes ☐ No

RELEASE OF INFORMATION AND DECLARATION OF INTENT

I hereby give First Baptist Church, Lloydminster, consent to verify the information provided by me in this Ministry Personnel Application Form and to contact the references and current and former employers 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 release all such references from liability for any damage that may result from furnishing such evaluations to you.

I understand that if First Baptist Church, Lloydminster, 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.

I understand that First Baptist Church, Lloydminster, is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in fulfillment of my duties and will keep all 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 First Baptist Church, Lloydminster, I will inform the church and 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 agree to resign my volunteer position.

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

Signature of Applicant _____

Printed Name _____ Date _____