

MINISTRY PERSONNEL APPLICATION FORM (under 16)

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.

PERSONAL INFORMATION

Full Name: _____

Address: _____ Postal Code: _____

Email: _____

Phone Numbers: (h) _____ (c) _____

Name of Parents: _____

Phone Numbers: _____

Are your parents supportive of your ministry involvement? ☐ Yes ☐ No

If no, please explain: _____

Hobbies, Interests or Skills

Volunteer Experience and Part-time Jobs

SPIRITUAL HISTORY

How long have you attended Prince Albert Alliance Church? _____

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

When did you accept Christ as your Saviour? _____

In a brief paragraph, please describe what your faith means to you: _____

MINISTRY QUESTIONNAIRE

Describe why you would like to be part of our volunteer team?

What strengths or assets would you bring to our team?

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

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

Please explain: _____

AREA(S) OF MINISTRY YOU WOULD LIKE TO SERVE

Please check the area(s) in which you would like to serve.

- | | | |
|-----------------------|---|---|
| Children's Ministry: | <input type="checkbox"/> Sunday School, | <input type="checkbox"/> BLAST |
| | <input type="checkbox"/> Kidzone | <input type="checkbox"/> Toddler Room |
| | <input type="checkbox"/> AWANA | <input type="checkbox"/> Mom's Morning Out Child Care |
| Hospitality Ministry: | <input type="checkbox"/> Usher | <input type="checkbox"/> Greeter |
| | <input type="checkbox"/> Soup on Sunday | |
| Worship Ministry: | <input type="checkbox"/> Musician | <input type="checkbox"/> Audio Technician |
| | <input type="checkbox"/> Video Technician | <input type="checkbox"/> Video Camera Operator |

Other: _____

REFERENCES

List three adults that you have 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, employer, or teacher.

1. Name of Reference: _____

Address: _____

Day Phone: _____ Evening Phone: _____

How long have you known this person: _____ Relationship: _____

2. Name of Reference: _____

Address: _____

Day Phone: _____ Evening Phone: _____

How long have you known this person: _____ Relationship: _____

3. Name of Reference: _____

Address: _____

Day Phone: _____ Evening Phone: _____

How long have you known this person: _____ Relationship: _____

Signature of Applicant: _____

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. The information gathered here will be used for the purposes of supporting the ministries at Prince Albert Alliance Church.