

**Volunteer Application Form For Ministries To Children, Youth and  
Vulnerable Adults**

**(For applicants from Grade 9 to adults)**

**\*\*Information received is held in strictest confidence**

We recognize that this Ministry Volunteer Application Form is extensive. We wish we did not have to ask all these questions. However, in our desire to reduce the risk of abuse within our church 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**

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

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Single  Engaged  Married  Separated  Divorced  Remarried

Widow/Widower

Spouse's Name \_\_\_\_\_

Is your spouse supportive of your ministry involvement?  Yes  No

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Please submit a recent photo of yourself along with your completed application. (This will be used for a photo ID card to wear while volunteering).

**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 Lincoln Road Chapel? \_\_\_\_\_

How did you come to know Christ personally and when?

\_\_\_\_\_

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How do you maintain a relationship with Christ?

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

**Ministry Information**

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

1. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_
  
2. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Dates Attended \_\_\_\_\_

**My present and previous ministry experience is as follows:**

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

**Area(s) of ministry you are interested in:**

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## **References**

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church and one reference from a pastor.

1. Name of Reference \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name of Reference \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Name of Reference \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ 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. All information will be kept 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. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry with children or youth? **Yes**  **No**
2. Have you ever been convicted for the use or sale of drugs? **Yes**  **No**
3. Have you ever been hospitalized or treated for alcohol or substance abuse? **Yes**  **No**
4. Have you ever been convicted of a criminal offense (excluding minor traffic violations)? **Yes**  **No**
5. Have you ever been accused, arrested or convicted for any sexually related crimes? **Yes**  **No**
6. Have you ever been accused, arrested, or convicted for any abuse related crime? **Yes**  **No**
7. Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children/youth? **Yes**  **No**
8. Do you have any health problems or concerns? (medical or psychiatric) **Yes**  **No**

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

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Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports)? If so, please explain. \_\_\_\_\_

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## **RELEASE OF INFORMATION AND DECLARATION OF INTENT**

I hereby give Lincoln Road 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 Lincoln Road 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 strict confidence. I agree to adhere to the protection guidelines as adopted by this church.

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

I understand that Lincoln Road Chapel is responsible for the welfare of any person or persons entrusted to my care, and thus I will cooperate fully with the staff in the fulfillment 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 Lincoln Road Chapel, 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 agree to resign my volunteer position.

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** \_\_\_\_\_