

SILVER BIRCHES PENTECOSTAL CAMP 2018
VOLUNTEER APPLICATION
(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

Silver Birches Pentecostal Camp
P.O. Box 23, Kirkland Lake, ON P2N 3M6
705-568-5468

In our desire to reduce the risk of abuse within our 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

Full Name: _____ Male: _____ Female: _____
Phone Number: (Res.) _____ (Bus.) _____
Address: _____ Postal Code: _____ Date of Birth: _____
Circle One:
Single Married Engaged Separated Divorced Remarried Widow/ Widower
Spouse's Name: _____
Your Occupation and/or Employer: _____
Your Hobbies, Interests, or Skills: _____

SPIRITUAL HISTORY

How long have you attended _____? _____ Member: Yes _____ No _____
Name of Church Years
When did you accept Christ as your Saviour? _____
Have you been water baptized Yes _____ No _____

CHURCH ATTENDANCE BACKGROUND

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

1. Name of Church: _____ Phone: _____
Address: _____
Dates Attended: _____ Member or Adherent: _____

2. Name of Church: _____ Phone: _____
Address: _____
Dates Attended: _____ Member or Adherent: _____

PRESENT AND PREVIOUS MINISTRY EXPERIENCE

1. Name of Church: _____
Dates and Description of Ministry: _____
Pastor or Ministry Supervisor: _____ Phone: _____

2. Name of Church: _____
Dates and Description of Ministry: _____
Pastor or Ministry Supervisor: _____ Phone: _____

LIFESTYLE

In order to provide a safe and secure environment for our children, 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 prelude your involvement in ministry. **A meeting will be arranged with the Camp Manager so that you may discuss the circumstances.** Thank you in advance for your understanding.

If any of the following circumstances apply to you, please check here:

- Have been convicted of a criminal offense involving children?
- Have been convicted of a sexually related crime?
- Have been convicted of an abuse related crime?
- Have been hospitalized or treated for alcohol or substance abuse?
- Have any communicable disease?
- Are you in treatment for any form of mental illness?

Do you have any physical conditions that would prevent you from performing certain types of activities

REFERENCES

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. If you are a minor, you may use the name of a parent and/or teacher. If possible, include at least one reference from inside the church.

1. Name of Reference: _____ Phone: _____
Address: _____
2. Name of Reference: _____ Phone: _____
Address: _____
3. Name of Reference: _____ Phone: _____
Address: _____

APPLICANT'S STATEMENT

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also grant my permission for Silver Birches Pentecostal Camp to perform a personal Criminal Record Check for the purpose 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 extreme confidentiality. I further agree to adhere to the Child Protection Policy as adopted by Silver Birches Pentecostal Camp.

(Applicant's Name – Please Print)

(Date)

(Signature)

VOLUNTEER JOB REQUESTING _____