



ADULT APPLICATION TO SERVE (Section A)

*for volunteers 18 years and older applying to serve **children and youth**

Thank you for applying for a volunteer position with High River Alliance Church. To help us place you in the best possible ministry for you, fill out the application in full. For information about our Privacy Policies please email info@highriverchurch.com.

Personal Information (please print clearly)

Full Name			
Address			
City		Postal Code	
Home Phone		Cell Phone	
Email		Work Phone	
How do you prefer to be contacted?	<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email		

Family Information *This will give us the info we need to create your family profile in our church database*

Spouses Information (if applicable)

Spouse's Name			
Email		Cell Phone	

Children living with you and attending High River Alliance

	Child 1	Child 2	Child 3
First Name	<input type="checkbox"/> JM <input type="checkbox"/> JF	<input type="checkbox"/> JM <input type="checkbox"/> JF	<input type="checkbox"/> JM <input type="checkbox"/> JF
Last Name			
Birth Date			
Grade			
Medical Concerns			
Emergency Contact (other than parent/guardian) <i>for Kidventure purposes only</i>			
First Name		Last Name	
Daytime Phone		Cell Phone	

Area of Service *What area would you like to volunteer in?*

The position I am applying for is: e.g. Grade School Teacher, Youth Leader, etc.	
How long have you been attending HRAC?	
I am currently involved in these HRAC ministries:	

Volunteer Communication Tools *To simplify our communications with you*

I would like to be added to the Church Directory	[] yes [] no	_____please initial
I understand that my family will be given a Family Mail folder if we don't already have one		_____please initial

Previous Church History *So we know a little about where you came from*

Are you a regular attender? (2+ services / month)	[] yes [] no	
List previous churches (if any) where you were a regular attender.		

Other Interests/Skills *To help us get to know yours skills / areas of interest*

From time to time we need people to help in various areas. We would like to know which of the following areas you are interested or skilled in. This survey helps us greatly. Thank you so much.

- | | |
|---|--|
| <input type="checkbox"/> Finances | <input type="checkbox"/> Kitchen - Funeral Lunches |
| <input type="checkbox"/> Children - Working with | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Construction: Carpentry / Electrical / Plumbing (circle one) | <input type="checkbox"/> Life Group Leader: Adults / Youth / Children (circle one) |
| <input type="checkbox"/> Communion: Set-up / Serving / Clean-up (circle one) | <input type="checkbox"/> Mechanical - Repair |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Music: Instrumental / Vocal (circle one) |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Medical (Specify: _____) |
| <input type="checkbox"/> Decorating/Design | <input type="checkbox"/> Office/Administration |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Seniors (Visitation) |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Set Design |
| <input type="checkbox"/> Events: Planning / General Help (circle one) | <input type="checkbox"/> Student/Youth - Working with |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Technical Arts (Sound or Lighting) |
| <input type="checkbox"/> Greeting People | <input type="checkbox"/> Teaching: Adults / Youth / Children (circle one) |
| <input type="checkbox"/> Higher Grounds (Coffee Bar) | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Kitchen - General Help | <input type="checkbox"/> General Help / Other (specify) |

If Other:	
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Volunteer Covenant *So that we know what to expect from one another*

To be signed by the Applicant:

- I will serve to the best of my ability in the ministry area I am applying for.
- I will do my best to demonstrate and uphold Christian values and the principles of High River Alliance Church.
- I will cooperate with other volunteers and my ministry representative.
- I will respect church property, confidential information and leadership.
- I will inform my ministry representative if I am absent due to illness or vacation – with reasonable notice.
- I will communicate with my ministry representative around any issues I have in my serving.
- I will communicate with my ministry representative if I am unable to continue serving – with reasonable notice.

Signed (*Applicant*): _____ Date: _____

To be signed by the Ministry Representative on behalf of High River Alliance Church:

- We promise to do our best to provide you with an environment that will support you in your faith and ministry through prayer and caring relationships.
- We promise to provide you with the resources and support to complete the tasks to which we have agreed.
- We promise to value your spiritual gifts and encourage you to utilize them in completing the mandate of the church by releasing you to live them out in the name of Christ.

Signed (*Ministry Rep.*): _____ Date: _____

Please return completed form to your ministry representative. Thank you.

Entered into database by:		Date:		Given to PTP Rep:	_____ please initial
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PLAN TO PROTECT INFORMATION TO WORK WITH CHILDREN & YOUTH

(Section B)

Your Date of Birth:	
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My present and previous child or youth-related volunteer/work experience is as follows (if applicable):

Name of Organization			
Dates			
Description of Work			
Supervisor		Phone	

Name of Organization			
Dates			
Description of Work			
Supervisor		Phone	

Volunteer Training Requirements *Mandatory for all children/youth volunteers*

I understand that I must attend a <u>required orientation</u> session	[] yes [] no	_____please initial
I understand that I must complete <u>annual Plan to Protect</u> training	[] yes [] no	_____please initial

Volunteer Safety Disclosure

In order to continue to provide a safe and secure environment for High River Alliance Church’s children and youth, we believe it is necessary to ask you the following questions. All information will be kept in confidence by organizational leadership and the *Plan to Protect* team and will not be disclosed by High River Alliance Church unless required by law. Answering “yes” to any of the following questions may not necessarily prevent you from volunteering with High River Alliance Church.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth? (e.g. use of illegal substances, etc.)	[] 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)? If yes, please list offence(s) and the date(s) of conviction:	[] yes [] no
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 other vulnerable persons (e.g. senior citizens or persons with disabilities)?	[] yes [] no
4. Have you ever 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 proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behavior or conduct involving children, youth or vulnerable persons?	[] yes [] no
6. Do you have any health concerns which could 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 our organization?	[] yes [] no

References

Please provide the names of three adult individuals, excluding relatives, who have known you for at least 5 years and could provide a reference for you. If you are transferring from another church please make sure one reference below is a pastoral reference from your former church.

Name of Reference			
Daytime Phone		Evening Phone	
Relationship		How long have you known this person?	

Name of Reference			
Daytime Phone		Evening Phone	
Relationship		How long have you known this person?	

Name of Reference			
Daytime Phone		Evening Phone	
Relationship		How long have you known this person?	

RELEASE OF INFORMATION AND DECLARATION OF INTENT

- I hereby give High River Alliance Church permission to contact persons named as references to ascertain my suitability for working with children and youth.
- I hereby give High River Alliance Church consent to verify the information provided by me in this Volunteer Application Form and to contact the referees and current and former employers listed above and to obtain and verify any information from them (and any other persons that High River Alliance Church determines might be able to provide relevant information) that may be relevant to my application.
- I grant my permission for High River Alliance Church to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.
- I further grant High River Alliance Church permission to perform an Internet search on me and to review and consider any information found by me on the Internet.
- I understand that if High River Alliance Church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in High River Alliance Church or for the volunteer position for which I am applying, High River Alliance Church may terminate my volunteer service or volunteer position for any reason without advance notice.
- If High River Alliance Church approves my application for a volunteer position, I will sign any documents that the High River Alliance Church requires and will at all times cooperate fully with the staff of High River Alliance Church in the fulfillment of my duties and will keep all confidential 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 or procedures of High River Alliance Church, I will tell High River Alliance Church and will resign my volunteer position. I hereby acknowledge that, to the best of my knowledge, the information contained in this Volunteer Application Form is true and correct.

Please ensure that all signatures are completed below:

Signed (*Applicant*): _____ Date: _____

Signed (*Parent/Guardian*): _____ Date: _____

**only if applicant is under 18 years of age*

Signed (*Witness*): _____ Date: _____

Information received is confidential and is being gathered for the purposes of screening volunteers and placing them into programs with children or youth. The information gathered here will be used for the purposes of supporting the programs at High River Alliance Church.

Entered into database by:		Date:	
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