



## YOUTH APPLICATION TO SERVE (Section A)

\*for volunteers 17 years and younger 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](mailto: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 |

### Parent/Guardian Information

|  |  |                |  |
|--|--|----------------|--|
| Father's Name  |  | Father's email |  |
| Mother's Name  |  | Mother's email |  |
| Do your parent's support your volunteer involvement? | <input type="checkbox"/> yes <input type="checkbox"/> no |                |  |

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

|  |  |
|--|--|
| The position I am applying for is:<br>e.g. Grade School Small Group Leader, 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   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____please initial |
| I understand that I will be given a Family Mail folder if my family doesn'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)                  | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| Which service do you usually attend?                               | <input type="checkbox"/> Sat 6:30 <input type="checkbox"/> Sun 9:15 <input type="checkbox"/> Sun 11:15 |
| 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: |  |
|-----------|--|

**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 to 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: \_\_\_\_\_

Signed (*Parent/Guardian*): \_\_\_\_\_ 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 |
|---------------------------|--|-------|--|-------------------|----------------------|

# PLAN TO PROTECT INFORMATION TO WORK WITH CHILDREN & YOUTH

(Section B)

|                     |  |
|---------------------|--|
| Your Date of Birth: |  |
|---------------------|--|

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<br>initial |
| I understand that I must complete <u>annual Plan to Protect</u> training | [ ] yes [ ] no | _____ please<br>initial |

## Volunteer Safety Disclosure

In order to continue to provide a safe and secure environment for HRAC'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 HRAC unless required by law. Answering "yes" to any of the following questions may not necessarily prevent you from volunteering with HRAC.

|   |                |
|---|----------------|
| 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)?<br>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 know 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 HRAC 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 HRAC determines might be able to provide relevant information) that may be relevant to my application.
- I grant my permission for HRAC 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 HRAC 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 HRAC approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in HRAC or for the volunteer position for which I am applying, HRAC may terminate my volunteer service or volunteer position for any reason without advance notice.
- If HRAC approves my application for a volunteer position, I will sign any documents that the
- Organization requires and will at all times cooperate fully with the staff of HRAC 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 HRAC, I will tell HRAC 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: |  |
|---------------------------|--|-------|--|