

Ministry Volunteer Application 902 Glenbow Drive, Cochrane AB T4C 1J2

902 Glenbow Drive, Cochrane AB T4C 1J2 Phone: 403-932-6100 Fax: 403-932-6102 Email: cac@cochranealliance.com

PERSONAL INFORMATION

First Name Address City Postal Code Phone Cell Email Spouse	Preferred ministry area: Kids Youth Adult			
Are your spouse/parents supportive of your ministry? (if NO, please explain)				
Grade Completed Post Secondary Degree Received Occupation/Employer List hobbies/interests: List any gifts, training, education or other qualifications that you bring to this ministry.				
SPIRITUAL INFORMATION Briefly describe what faith and following Jesus means to you.				

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When did you accept Christ as your personal Saviour? How long have you attended Cochrane Alliance Church? Do you regularly attend worship services? (more than 2 times/month) Are you a member of Cochrane Alliance Church? If NO, are you willing to attend a membership class? Have you been baptized? SPIRITUAL INFORMATION YES NO

MINISTRY INFORMATION

YES

☐ NO

Churches I have attended in the last five years (other than Cochrane Alliance Church):				
1. Church		City		
Dates Attended				
2. Church		City		
Dates Attended				
3. Church		City		
Dates Attended				
My present and prev	rious ministry experience is as follows:			
1. Church/Organization		Length of serving time		
Ministry supervisor				
Description of ministry				
2. Church/Organization		Length of serving time		
Ministry supervisor				
Description of ministry				
3. Church/Organization		Length of serving time		
Ministry supervisor				
Description of ministry				

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If NO, are you willing to attend a baptism class?

MINISTRY INFORMATION

Briefly describe why you would like to volunteer. List specific areas you'd prefer (if applicable. i.e. Nursery, etc.)			
	BACKGROUND 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 by the pastoral staff that you are serving with. (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 understanding.			
1.	Are there any circumstances involving your lifestyle or background that would call into question your ability to work with children or youth? (i.e. pornography, use of illegal substances, etc.)	□ YES	□ NO
2.	Have you ever been convicted for the use or sale of illegal drugs?	☐ YES	□ NO
3.	Have you ever been through treatment 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 arrested or convicted for any abuse related crimes?	☐ YES	□ NO
6.	Have you ever been the subject of a civil lawsuit including sexual misconduct, sexual harassment or other immoral behavior or conduct involving children, youth or adults?	□ YES	□ NO
7.	Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil or criminal lawsuit as a result of an accident or mishap involving children or youth?	□ YES	□ NO
8.	Have you ever been subjected to expulsion, reprimand or other discipline by a church, denomination or other religious organization?	☐ YES	□ NO
9.	Have you ever been the subject of any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer?	□ YES	□ NO
10.	Do you have any health concerns of which we should be aware? (i.e. medical, psychiatric)	☐ YES	□ NO
If yo	u have answered YES to any of the above questions, please explain:		
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REFERENCES

List three adult references that you've know for at least one year and who have a definite knowledge of your character and ability to work with children. *For youth applications, name one reference so we can email a recommendation link. Name Relationship Address Phone Email Relationship Name Address Phone **Email** Name Relationship Address Email Phone **PARENTAL CONSENT (if under 18)** As a parent of the applicant, I affirm that I will: Encourage my child in seeking to serve Christ and the church body in this expression of the local church. Support my child in their area of ministry. Ensure transportation to the church for my child's agreed upon times of service. Ensure that my child attends training.

Model dependability and commitment to volunteer commitments.

Ensure that my child finds a suitable replacement if he/she is unable to serve as scheduled.

Signature		
Date		

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VOLUNTEER AFFIRMATION

As a volunteer, I will:

- **Be pursuing a growing relationship with God** by striving to spend time daily with God, finding a spiritual mentor, and surrounding myself with people who will challenge me in my faith.
- Strive towards a Godly lifestyle by avoiding behavior and actions that would call my relationship with God into question.
- Commit to the ministry team by attending training and meetings throughout the year, and by encouraging and supporting other team members. I will show up on time and switch with another screened volunteer if I am unable to serve on my scheduled day.
- **Commit to children, youth and families** by building authentic relationships so that I can share God's love, and by praying regularly for the ministry, its leaders and this church.
- Commit to regular involvement at Cochrane Alliance Church by attending worship services.
- Support the church in its mission and vision.

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OUR VISION

We long to be a church transformed by Christ, multiplying Christ-centred homes, renewed lives and missional disciples in Cochrane, Canada and the world.

While we strive towards this dream we will focus on holistic discipleship, authentic relationships, dynamic worship and kingdom extension.

	have read the Plan2Protect guidelines and will uphold them:	☐ YES	□ NO
•	e to provide a Police Reference &/or Vulnerable Sectors Check (if (must have been completed within the last three years)	fapplicable): YES	□ NO
I	Release: I hereby authorize and grant permission to Cochrane Alliance Clelectronic or non-electronic form or media. I agree that my image mapart for any and all media, including, without limitation, print, web, aud	y be reproduced,	edited and used in whole or in
By sig	ning below, I agree that I have read and will abide by the Volunte	er Affirmation ex	pectations above.
Signati	ure		
Date			

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