

**ADULT VOLUNTEER INFORMATION & APPLICATION
CHILDREN / YOUTH MINISTRY**

Courtenay Fellowship Baptist Church
2963 Lake Trail Road
Courtenay BC
(250) 334 3432

Personal Information

Full Name: _____ Male _____ Female _____

Phone Number (Res.) _____ (Bus.) _____

Address _____ Postal Code _____

e-mail Address _____

Date of Birth _____ Occupation and/or Employer _____

Single _____ Married _____ Spouse's Name _____

Spiritual Information

How long have you attended CFBC? _____ Voting Member? Y N

If not a voting member, when did you accept Christ as your Savior? _____

More important than the specific duties of ministry is our relationship with God and the people we serve. For that reason we ask all those who serve in ministry to read and affirm our document entitled "Courtenay Fellowship Baptist Church Ministry Responsibilities" which can be found in the Appendix of our Plan to Protect. This one page document is intended to encourage people to make their relationship with God the first priority in ministry and to remind them that their personal conduct has great bearing on their service.

How do you attempt to maintain a fresh spiritual walk with God?

Are you involved in a small group or bible study? Y N
Leader of Group _____

Please list any other ministry involvement:

Church Attendance Background

Churches (other than CFBC) I have consistently attended in the **last five years** are as follows:

1. Name of Church _____ City _____
 Dates Attended _____ Member Y N
2. Name of Church _____ City _____
 Dates Attended _____ Member Y N

Education History

1. Qualified in Early Childhood Education? Y N
 2. Qualified Teacher Aid/Special Education? Y N
 3. Qualified Teacher? Y N
 4. Attended Bible College? Y N
- Name of College: _____ Degree obtained: _____

5. Any other courses/Training that equips you for Christian Ministry? Y N

Details:

Ministry Experience:

Ministry:	Age Group:					Church: Name & City
	0-24	2-5	Gr.	JH	SH	
	Mo.	Yrs.	1-6	7-9	10-12	
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bible Study Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Club Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nursery Worker	<input type="checkbox"/>					_____
Music/Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sun School Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
VBS/Day camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

In which ministries would you like to serve and why?

Health and 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 preclude your involvement in ministry. **A Pastor will contact you 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.
- In treatment for any form of mental illness which might affect your ability to work with children or youth.

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

References (For those who have attended CFBC less than 2 years)

Please provide the names of three individuals, excluding relatives, who have known you for at least 12 months, and who could provide a reference for you. If possible, include at least one reference from inside the church.

1. Name of Reference _____

Address _____ Phone _____

2. Name of Reference _____

Address _____ Phone _____

3. Name of Reference _____

Address _____ Phone _____

Ministry Covenant

Persons seeking to minister to children and youth at Courtenay Fellowship Baptist Church must exhibit personal morality and character consistent with the Bible. While recognizing that grace abounds in our experience with Christ, and that in Christ there is forgiveness for moral failure, it is also recognized that biblical principles and standards are what qualify and empower an individual to lead. As such we ask you to affirm the following ministry covenant:

I hereby affirm the Statement of Faith of Courtenay Fellowship Baptist Church and agree not to teach any doctrine that is in variance with it. A copy of our Statement of Faith is included in the Appendix of the Plan to Protect.

I also agree to consistently model a lifestyle characterized by biblical morality and submit myself to correction by the church in these matters.

I also agree to maintain my spiritual walk with God by spending time in prayer and scripture and by keeping a clear conscience before God through confession.

I will seek to act lovingly toward all people, especially the children and youth whom I seek to serve in ministry.

Applicant's Statement of Affirmation

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. With the understanding that the results will be confidential, I also grant my permission to Courtenay Fellowship Baptist Church to perform a personal Criminal Record Check and will take the steps necessary to conduct this check. I further agree to adhere to the Child Protection Policy (Plan to Protect) as adopted by Courtenay Fellowship Baptist Church. I furthermore affirm the ministry covenant above.

(Applicant's Name - Please Print)

(Date)

(Signature)

Reviewed and approved by _____ Date _____