

**MINISTRY PERSONNEL APPLICATION FORM  
FOR MINISTRIES TO CHILDREN & YOUTH**

Appendix 3

In order to provide a safe and secure environment for our children, we believe it is necessary that you provide us with the following information. This information will be kept strictly confidential.

**Personal Information**

Male    Female

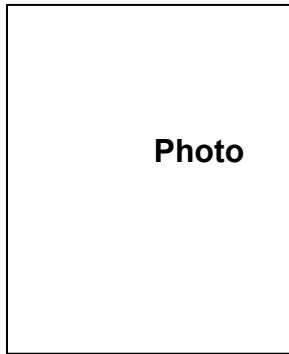
Full Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (B) \_\_\_\_\_

**Please submit a recent photo of yourself along with your completed application.**



**Personal History**

Occupation and/or Employer

\_\_\_\_\_  
\_\_\_\_\_

Hobbies, Interests or Skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(Answering yes to any of the questions may not necessarily preclude your involvement in ministry.)

1. Have you ever been convicted of a criminal offense under the Criminal Code of Canada?  Yes  No
2. Have you ever been interviewed by the Children’s Aid Society or a Child Welfare Agency with respect to your behaviour to a child?  Yes  No
3. In any civil proceeding has your behaviour towards children, youth or vulnerable adults been called into question?  Yes  No

If you have answered yes to any of the above questions, please explain.

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4. Have you a condition (e.g. illness, disability, psychiatric condition, substance abuse issues, etc.) which may affect your ability to work with children, youth or vulnerable adults?  Yes  No

If so, what functions can you not perform or what areas would be challenging for you?

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**References**

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church.

1. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

2. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

3. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_



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

1. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

2. Name of Church \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ Member or Adherent \_\_\_\_\_

**My present and previous ministry experience is as follows:**

1. Name of Church/Organization \_\_\_\_\_

Dates and Description of Ministry \_\_\_\_\_

Pastor or Ministry Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name of Church/Organization \_\_\_\_\_

Dates and Description of Ministry \_\_\_\_\_

Pastor or Ministry Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_