Palmerston CRC – General Application - Screening Form for Volunteers

NAME:
STREET ADDRESS:
CITY: POSTAL CODE:
EMAIL ADDRESS:
PHONE NUMBER – DAY:
PHONE NUMBER – EVENING:
DATE OF BIRTH:
What is the Ministry you wish to be involved in and why are you interested in being involved (include any gifts, skills, training, or education that might help you in the role)?
Do you have current CPR and First Aid training? ☐ Yes No
Do you have a valid driver's license? Yes No
Do you consider yourself to be a Christian? ☐ Yes ☐ No ☐ Unsure
What does it mean to be a Christian?
Are you a member of Palmerston CRC?
If no, are you a member of another church? ☐ Yes ☐No
If yes, what church are you a member of?
How long have you been attending the church (whether Palmerston CRC or other)?
Are you involved in or volunteering with other present Ministry/Church initiatives or programs? Please note all current involvement.

Information about Your Ability to Work with Minors/Vulnerable Persons

In order to provide a safe and secure environment for our Minors and Vulnerable Persons, we believe it is necessary to ask the following questions. Answering yes to any of the following questions may not necessary disqualify you from volunteering with PCRC. Thank you for your honesty; what you share will be handled wand dignity and will not be shared unless required by law.	
Do you have any medical condition (including communicable diseases) which may impede your ability to pr appropriate care and/or supervision of Vulnerable Persons? \square Yes \square No	ovide
Do you currently struggle with an active addiction or lifestyle that may impact your ability to provide approcare or supervision of Vulnerable Persons? ☐ Yes ☐ No	priate
Have you ever been charged with or convicted of any form or child abuse or assault of a Vulnerable Person ☐ Yes ☐ No	?
Are you currently under discipline in your church community? ☐ Yes ☐ No	
If you answered yes to any of the above questions, please explain on a separate sheet.	
Release of Information and Declaration of Intent	
As a Volunteer or Staff of PCRC, I consent to providing a personal Police Vulnerable Sector Check with this application (if applicable), for purposes of my protection against any false allegations and for the protection those I serve. I consent to such an investigation with the understanding that the results will be treated with utmost confidence, subject to the requirements of the law. (This paragraph only applies to those 18 years a older).	h the
I understand that if my character or morals should be inappropriate and/or criminal at any time during my volunteer service, PCRC may terminate my assistance.	
I understand that PCRC is responsible for the welfare of any person or persons entrusted to my care, and the cooperate fully with ministry leaders and PCRC staff in the fulfillment of my duties. If, at any time I find that any reason, I am unable to support the policies and procedures of PCRC, I will gracefully and quietly resign is volunteer position. If my supervisors find that I am in conflict with any of the policies and procedures and volunteer to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.	nt, for my
I agree to adhere to the policies and procedures adopted by PCRC and will report any deviations from the p that I become aware of.	oolicy
I hereby acknowledge that the information contained in this application for volunteering at PCRC is correct best of my knowledge. I agree to update the information in this document if any pertinent information cha	
Signature:	
Date:	
Name (print):	
Approval Process (For Office Use Only)	
1. Police Vulnerable Sector Check completed (date received):	
2. Safe Church Policy Training (date completed):	
3. Screening Form completed (date completed):	