

GENERAL VOLUNTEER APPLICATION

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? Yes No

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 necessarily disqualify you from volunteering with PCRC. Thank you for your honesty; what you share will be handled with care and 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 provide appropriate care and/or supervision of Vulnerable Persons? Yes No

Do you currently struggle with an active addiction or lifestyle that may impact your ability to provide appropriate care or supervision of Vulnerable Persons? Yes No

Have you ever been charged with or convicted of any form of 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 of those I serve. I consent to such an investigation with the understanding that the results will be treated with the utmost confidence, subject to the requirements of the law. (This paragraph only applies to those 18 years and older).

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 thus I will cooperate fully with ministry leaders and PCRC staff in the fulfillment of my duties. If, at any time I find that, for any reason, I am unable to support the policies and procedures of PCRC, I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies and procedures and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I agree to adhere to the policies and procedures adopted by PCRC and will report any deviations from the policy that I become aware of.

I hereby acknowledge that the information contained in this application for volunteering at PCRC is correct to the best of my knowledge. I agree to update the information in this document if any pertinent information changes.

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): _____