

**VOLUNTEER APPLICATION FORM  
(Document B)**

**For Ministries with Children, Youth and Other Vulnerable People**

The following information is necessary to help reduce the risk of abuse and to protect children, youth and volunteers. Thank you for your interest in ministry and your understanding.

**Personal Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Are you under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been a member or an active participant of Ascension Lutheran Church?

\_\_\_\_\_

Previous Church Membership \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Education/Employment/Skills \_\_\_\_\_

\_\_\_\_\_

High School \_\_\_\_\_

College/University \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

\_\_\_\_\_

Skills \_\_\_\_\_

Do you have: CPR training \_\_\_\_\_ First-Aid training \_\_\_\_\_  
(date of last certification) (date of last certification)

Other \_\_\_\_\_

Training received or courses taken that would assist you for ministry with children, youth or other vulnerable people: \_\_\_\_\_

### Conviction for a Criminal Offense

Answering "yes" to the following question will not necessarily preclude your involvement in volunteer ministry. A meeting will be arranged with the pastor to discuss the circumstances.

Have you ever been convicted of a criminal offense for which a pardon has not been granted?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Volunteer Experience

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### Volunteer Ministries in Which You Are Interested

Please list the volunteer ministry(ies) in which you are interested: \_\_\_\_\_

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### References:

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone at Ascension Lutheran Church. All people listed as references should be informed that you have so listed them. References that are acceptable are limited to the following:

Former or present Pastor

Long-time friend (minimum of 5 years)

One parent (for minors)

Teacher (for minors)

ELCIC member (who has sufficient strength of relationship to comment on the Individual's personal habits and character)

Employer or colleague

**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Contact Phone number \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Contact Phone number \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Contact Phone number \_\_\_\_\_

**Applicant's Statement**

I hereby acknowledge that the information contained in the Volunteer Application Form is correct to the best of my knowledge. I authorize any people listed as references to provide any information they may have regarding my character and fitness for ministry.

I will provide Ascension Lutheran Church with the results of a police records check if one is required.

I agree to adhere to the guidelines contained in the Policy for Protection of Children, Youth and Other Vulnerable People.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail or fax your form to:**

Ascension Lutheran Church      8405-83 Street NW      Edmonton, AB      T6C 2Z2

Phone: 780.469.2421      Fax: 780.466.0507