



Volunteer Application

Revised - June, 2015

Well over 10,000 volunteer hours of service are provided to the community through those volunteers involved at Innisfil Community Church! There are over 40 leadership positions appointed annually.

We believe in serving, and in serving well!

You are invited to join the wonderful team of quality persons who have a keen desire to serve the Lord, their community, and one another!

VOLUNTEER APPLICATION **FOR LEADERSHIP AND INVOLVEMENT** **IN INNISFIL COMMUNITY CHURCH PROGRAMS**

It is our desire to provide a safe and secure environment for adults, as well as those children and youth who participate in our programs and use our facilities.

Name _____ -Male -Female Date _____

Phone: (Residence) _____ (Business) _____ (E-Mail) _____

Present Address _____

When did your first start attending ICC? _____

For Office Use

Dated Received: _____
 Application Completed: Yes ___ No ___
 Criminal Record Check Completed: Yes ___ No ___
 References Checked: Yes ___ No ___
 Approved: Yes ___ No ___ Conditional: _____

TRAINING:

First Aid Trained: Yes ___ No ___ Date: _____
 Orientation Attended: Yes ___ No ___ Date: _____
 Plan To Protect Seminar: Yes ___ No ___ Date: _____
 Gifts Discovery Workshop: Yes ___ No ___ Date: _____
 Spirit-Filled Life Seminar: Yes ___ No ___ Date: _____
 Leadership Development : Yes ___ No ___ Date: _____

Authorized By: _____ Date: _____

Innisfil Community Church

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Form :01/19/15

Personal

Please check your age group:

- Under 18 18-24 25-30 31-35 36-45 46-65 Over 65

If under 18 years of age - Parents names: _____ Phone # _____

Marital Status: Circle One- Married Single Engaged Separated Divorced Remarried Widowed Other

Name of Spouse (if applicable) _____

Have you discussed with your spouse the possibilities of being actively involved in the church?

Yes ___ No ___

What is his/her attitude about your involvement?

Do you have any physical handicaps or conditions preventing you from performing certain types of activities?

Yes ___ No ___

If yes, please explain: _____

Names and ages of children in your home: _____

Church Activity

How long have you been attending Innisfil Community Church? _____

- Are you a member of Innisfil Community Church? Yes ___ No ___

- Are you willing to become a member of this church? Yes ___ No ___

-Will you attend the orientation workshop, and additional training and seminars offered by the church? Yes ___ No ___

List (names and address) other churches you have attended regularly during the past five years.

Personal References (must be over 18 years of age)

List three personal references (not former employers or relatives, or present pastoral staff members) who would know you and would attest to your character and Christian lifestyle.

NAME **CITY** **PHONE**

Personal Testimony

When did you accept Christ as your Saviour and where did you make that decision?

Date: _____ Place: _____

Have you been baptised in water by immersion? Yes: ___ No: ___

Please submit a brief written personal testimony describing the circumstances surrounding your conversion and your spiritual journey since then. (Please attach with this application.)

May we have permission to share your testimony with others? Yes ___ No ___

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 meeting will be arranged with a Pastor 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.

- 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 you any communicable disease.
- Are you in treatment for any form of mental illness.

Do you: Use tobacco? Yes ___ No ___
Use illegal drugs? Yes ___ No ___
Drink alcoholic beverages? Yes ___ No ___

Yes ___ No ___ - I understand the church's position that in the light of the negative effects of alcohol consumption in our society, and from a Biblical perspective, that **the church strongly discourages** the use of all forms of alcohol (beer, wine, liquor, etc.) and **recommends total abstinence** from alcoholic beverages. (Proverbs 20:1, Proverbs 23: 29-31, Ga. 5:21) *Under no circumstances will evidence of alcohol consumption be permitted at church related activities.*

Yes ___ No ___ - *In fulfilling your role as a volunteer do you agree to at all time dress in modest, non-provocative attire, and refrain from the consumption of alcohol in any form while engaged in activities at Innisfil Community Church ?*

If you have ever been convicted of a criminal offense please explain _____

Is there anything in the past five years of your life that would cause members of the public to question your involvement working with children or adults at Innisfil Community Church ?

Yes ___ No ___ (Please discuss this with the pastor if necessary.)

Have you had any physical or mental health condition in the past five years that could affect your performance in volunteer church work? Yes ___ No ___

FOR OUR RECORDS

The following additional information is sometimes helpful for us in personal emergencies which arise from time to time. You may wish to complete, but it is not required.

Date of Birth: Month: ___ Day: ___ Year(Optional): ___

Health Insurance No. _____ Social Security No. _____

If you will you be transporting anyone to or from church activities please note your

Driver's Licence Number: _____ - _____ - _____ Class: _____

Your Volunteer Position

Why are you volunteering? _____

What program or area of ministry do you feel you would like to be involved? _____

What is the minimum length of commitment? _____

On what date would you be available? _____

In your opinion, how has God prepared you for this ministry? _____

Briefly list previous volunteer work you have done (identify organization, type of work, and supervisor of your position) or other areas that might relate to your particular ministry!

List any gifts, callings, training, education, or other factors that have prepared you to be a volunteer in the area that you are desiring to be involved. _____

Applicant's Statement

I voluntarily submit the information in this application.

I hereby acknowledge that the information contained in this application is correct to the best of my knowledge.

I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness for ministry to adults, and children and/or youth work, and I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I further give consent for any further checks of my character or personal history as deemed necessary by the church staff, and I grant permission for my photo to be taken and used for photo identification purposes or publication as the church sees fit from time to time in its promotions.

I agree to authorize Innisfil Community Church to secure a current "Criminal Record Check" as available from the Police Department.

I understand that Innisfil Community Church has a "Privacy Of Information Policy" and am satisfied that my personal information will be protected and respected as per the stated guidelines.

Should my application for involvement be accepted, I agree to be bound by the leadership decisions, involvement guidelines, the Plan To Protect Policy Manual, and all other policies of Innisfil Community Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant's Name (Print)

Applicant's Signature

Date

Name of Witness (Print)

Witness Signature

Date