

HARVEST BIBLE CHAPEL

Office Use Only		
	Date	Initial
Complete App:	_____	_____
Orientation:	_____	_____

VOLUNTEER APPLICATION FOR CHILDREN'S MINISTRY

PERSONAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: *M* *F* Date of Birth: _____ Maiden Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Mobile Phone: _____

Employer: _____ Occupation: _____

Work Phone: _____ Email Address: _____

T-shirt Size: _____ Tim Horton's or Starbucks? _____

CHURCH INFORMATION

If you do not attend Harvest, what is your religious and/or church background?

How long have you been attending Harvest Bible Chapel Barrie? _____

Member: Yes No Have you attended Harvest Essentials? Yes No

For what ministry department are you completing this application? _____ Nursery (females only) _____ Crawlers

_____ Walkers _____ 2 Year Olds _____ 3 Year olds _____ JK/SK _____ Grade 1-3 _____ Grade 4-5

_____ SUN (Serving Unique Needs) Team _____ Welcome Team _____ AWANA _____ HIGH FIVE _____

What week(s) of the month are you available to serve in **Harvest Kids** on a continuous basis?

_____ week 1 _____ week 2 _____ week 3 _____ week 4 _____ week 5

What service are you available to serve in? please circle. **9am** **11am**

Do you currently serve in any other areas of ministry at Harvest Bible Chapel Barrie? Yes No

If so, please indicate which area(s) and when you serve: _____

SPIRITUAL INFORMATION

How & when did you become a follower of Jesus Christ? _____

What are you doing to grow spiritually? How have you been growing recently? _____

Explain God's plan of salvation in your own words. _____

Why do you want to volunteer in ministry to children? _____

EXPERIENCE

What experience do you have working with children? _____

Who was your supervisor in that experience? Name: _____ Phone: _____

What other relevant experience have you had outside of Harvest? _____

Who was your supervisor in that experience? Name: _____ Phone: _____

REFERENCES

Please list three references (do not include family members)

1. Name: _____ Phone: _____

Relationship to You: _____ Work Phone: _____

2. Name: _____ Phone: _____

Relationship to You: _____ Work Phone: _____

3. Name: _____ Phone: _____

Relationship to You: _____ Work Phone: _____

AUTHORIZATION

I authorize any references, churches, and others listed in this application to give information (including opinions) which they may have regarding my character and fitness for work with children or youth.

I attest and affirm that the information included in this application is both honest and complete in any area where information is requested. I voluntarily release Harvest Bible Chapel and any person/organization from any liability regarding the communication of information regarding my background or qualifications.

I waive any right that I may have to inspect any information provided about me by those I have listed in this application.

I am familiar with and agree to adhere to all of the policies and procedures for serving in Children's Ministries.

I give permission for my photo to be used for the promotion of the ministry of Harvest Bible Chapel.

(Signature)

(Date)

By completing this form you give your consent to the use of this personal information by Harvest Bible Chapel.

It will not be sold, rented or leased. Your consent may be withdrawn at any time.

For more information, please refer to our Privacy Policy and Procedures at www.harvestbarrie.ca