Ontario Christian Assembly Inc.

Ministry Personnel Application Form for Youth Working with Children

(For Applicants under 18 years of age up to and on September 1, 2017)

 $\hfill\square$ Application for Employment

□ Application for Volunteer

In our desire to reduce the risk of abuse within our camp ministries, we believe this information is necessary to protect our children and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Personal Information

| □ Male □ Female | |
|---|-----------------|
| Full Name | Grade |
| Address | |
| Postal Code | _ Date of Birth |
| Phone Number: (Home) | |
| (Cell) | |
| Name of Parent(s)/Guardian(s) | |
| Phone Number | |
| Are your parents supportive of your ministry involvem | ent? 🛛 Yes 🖵 No |

| lf no, please explain | |
|---|-------------------|
| | |
| | |
| Hobbies, Interests or Skills | |
| | |
| | |
| Volunteer Experience and Part-time Jobs | |
| | |
| | |
| Spiritual History | |
| Have you ever attended Ontario Christian Assembly Inc.? | |
| How many Camps? Camper | _ Volunteer Staff |
| LIT Training | |
| When did you accept Christ as your Saviour? | |

In a brief paragraph, please describe what your faith means to you.

Ministry Questionnaire

Describe why you would like to be part of our Children and/or Youth Ministry Team.

What strengths or assets would you bring to our Children's Ministry Program?

What areas of concern do you have in working with children?

| Do you see yourself as a team player? | ' Please explain. | Yes | 🛛 No |
|---|-------------------------------|------------------|------|
| | | | |
| | | | |
| | | | |
| Please list the area of ministry in which | ו you would like to serve. | | |
| | | | |
| | | | |
| | | | |
| References | | | |
| List three adults that you've known for your character and ability to work with but must also include references from | children. You may include one | reference from a | - |
| 1. Name of Reference | Phone Numbe | ۲ | |
| Address | | | |
| Nature of Relationship | | | |
| 2. Name of Reference | Phone Numbe | ۲ | |
| Address | | | |
| Nature of Relationship | | | |

| 3. Name of Reference | Phone Number |
|------------------------------|--------------|
| Address | |
| Nature of Relationship | |
| | |
| Signature of Applicant | |
| Printed Name | Date |
| | |
| Signature of Parent/Guardian | |
| Printed Name | Date |

Appendix 1a

Ontario Christian Assembly Inc.

Release of Information and Declaration of Intent (Youth)

I hereby give Ontario Christian Assembly Inc. permission to contact the persons named as references to ascertain my suitability for volunteer ministry. I release all such references from liability for any damage that may result from furnishing such evaluations to you.

I give Ontario Christian Assembly Inc. consent to verify the information provided herein and to contact the references listed. I waive any right to confidentiality and of any right to pursue damages against the Camp for losses caused by the reference's response.

I also grant my permission for Ontario Christian Assembly Inc. to perform a police records check, 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 kept in strict confidence. I agree to adhere to the protection policies as adopted by this Camp.

I understand that if my character or morals are deemed by camp leadership to be inappropriate and/or criminal at any time during my volunteer service, Ontario Christian Assembly Inc. will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by Ontario Christian Assembly, Inc. prior to, at, or following the date of volunteer service.

I understand that Ontario Christian Assembly Inc. is responsible for the welfare of any person or persons entrusted to my care. I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter, in my role as a volunteer, confidential. If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of Ontario Christian Assembly Inc. I will gracefully and quietly resign my volunteer position. If my supervisors find that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this application for volunteer ministry/employment is true and correct. I accept and agree to adhere to the Statement of Faith of Ontario Christian Assembly, Inc.

| Signature of Applicant | |
|------------------------------|------|
| Printed Name | Date |
| Signature of Witness | |
| Printed Name | Date |
| Signature of Parent/Guardian | |
| Printed Name | Date |

With your application please include:

- 1. Appendix 4 Statement of Faith
- 2. Appendix 5 Beliefs Ministry Personnel Reference Form, to be filled out by your Pastor or Youth Pastor
- 3. Appendix 6 Ministry Personnel Agreement Form and Covenant of Care
- 4. Appendix 1a Release of Information and Declaration of Intent (Youth)

Information received is confidential and is being gathered for the purposes of screening Ministry Personnel and placing them into ministry with children. The information gathered here will be used for the purposes of supporting the ministries at Ontario Christian Assembly Inc.