

Pathway Wesleyan Church Worker Application Form: For Ministries to Children & Youth

(Information received is strictly confidential)

In our desire to provide a safe and positive experience for our children and youth, and to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and youth and to protect our workers. Thank you in advance for your understanding.

Personal Information

Full Name: _____ Male Female

Phone No. (Res.) _____ (Bus.) _____

Address: _____ ST _____

Email Address: _____

Date of Birth: _____

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Widow/Widower |
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Remarried | |

Spouse's Name: _____

Occupation and/or Employer: _____

Hobbies, Interests or Skills: _____

Spiritual History

How long have you attended Pathway Wesleyan Church? _____

Member: Yes No

When did you accept Christ as your Savior? _____

Christian Education History

Please list any courses or training you may have taken that would particularly equip you for Christian Ministry.

Church Attendance Background

Churches I have attended in the last five years are as follows:

1. Name of Church _____ Phone _____
Address _____
Dates Attended _____ Member or Adherent _____
2. Name of Church _____ Phone _____
Address _____
Dates Attended _____ Member or Adherent _____

Present and Previous Ministry Experience

1. Name of Church _____
Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone _____
2. Name of Church _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____ Phone _____
3. Name of Church _____
Dates and Description of Ministry _____
Pastor or Ministry Supervisor _____ Phone _____

Confidential Information

Reflecting our commitment to provide a safe and secure environment for our children and youth, 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 offence involving children or youth.
- 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 any communicable disease.
- In treatment for any form of mental illness.

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

References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. If you are a minor, you may use the name of a parent and/or teacher. If possible, include at least one reference from inside the church.

1. Name of Reference _____
Address _____
_____ Phone _____
2. Name of Reference _____
Address _____
_____ Phone _____
3. Name of Reference _____
Address _____
_____ Phone _____

Ministry Profile

In answering the following, please don't be too humble as the purpose of this section is for you to declare your strengths so that your gifts and abilities will be put to the best possible use.

Mark the areas in which you desire to: **oversee** (put an "O" in the box), **assist** (put an "A" in the box), **receive training** (put a "T" in the box)

- | | |
|---|--|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Kid's Choir |
| <input type="checkbox"/> Sunday School (Junior Class 3-5 yrs old) | <input type="checkbox"/> Promotions/Contests |
| <input type="checkbox"/> Sunday School (Senior Class Grades 1-4) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Sunday School (Tweens Class Grades 5-up) | <input type="checkbox"/> Drama/Puppets |
| <input type="checkbox"/> "Off-The Wall" Gang (Sundays 9:30am) | <input type="checkbox"/> Administration/Office |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vacation Bible School | |

Do not hesitate to mark more than one area with the same letter. You can show your preference by placing a number with the letter by your preference.

Applicant's Statement

I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information they may have regarding my character and fitness for children's or youth ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you. I also agree to request a personal Criminal Record Check for the purpose of my protection against any false allegations and for the protection of those I serve, and to provide the results of this check to Pathway Wesleyan Church. I consent to such an investigation with the understanding that the results will be kept in extreme confidentiality. I further agree to adhere to the Policy to Protect manual as adopted by Pathway Wesleyan Church.

(in order to be accepted as a children's worker, you must acknowledge that you've read in its entirety the Pathway Wesleyan Church Policy to Protect Manual)

I have read the Pathway Wesleyan Church Policy to Protect Manual : Yes No

www.pathwaywesleyan.com/getinvolved/children/policy.htm

Applicant's Name (please print)

Date

Signature

Parent's signature (if under 18 years old)