

CANADA CENTRAL DISTRICT
CHURCH OF THE NAZARENE

**DISTRICT MINISTRY LEADERSHIP VOLUNTEER
APPLICATION FORM FOR DISTRICT MINISTRIES TO
2011 CHILDREN & YOUTH 2011**

(INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and to protect our volunteers. Thank you in advance for your understanding. This form is to be completed by all those who wish to work in District ministries to children & youth other than those identified in the following sentence. Completion of this form is not required for ordained elders and licensed ministers identified as such in the most recent Annual Assembly Journal of the Canada Central District Church of the Nazarene.

**Camp/Event & Position Applied For: Family Camp Youth Program
July 23 - August 1, 2011 _____**

Personal Information

Full Name: _____ Male ___ Female ___

Phone Number (Res.) _____ (Bus.) _____

Address _____ Pc _____

e-mail Address _____ Date of Birth _____

Emergency Contact Name, Telephone Number & Relationship :

Occupation and/or Employer: _____

Hobbies, Interests or Skills: _____

Date of application: _____

Spiritual History

Name of local church: _____

How long have you attended your local church? _____

Member? Yes ___ No ___

When did you accept Christ as your Savior? _____

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Christian Education History

Have you completed any Christian Education Teacher Certification courses? If yes, give details _____

Please list any courses any 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 No. _____

Address _____

Dates Attended _____ Member or Adherent _____

2. Name of Church _____ Phone No. _____

Address _____

Dates Attended _____ Member or Adherent _____

Present and Previous Ministry Experience:

1. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Ph. Number _____

2. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Ph. Number _____

3. Name of Church _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Ph. Number _____

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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 here _____

- 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 any communicable disease.
- In treatment for any form of mental illness.

Do you consent to provide Canada Central District with a Criminal Records search and a Vulnerable Sector search? The information will be kept in extreme confidentiality. _____ yes; _____ no.

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 two 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 _____

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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 ministry, and I release all such references from liability for any damage that may result from furnishing such evaluation to you.

I understand that Canada Central District Church of the Nazarene is responsible for the welfare of any person entrusted to my care, and thus I will co-operate fully with the leadership in the fulfillment of my duties. I agree to abide by the doctrine, policy and rules of the Church of the Nazarene, as set forth in the Manual of the Church of the Nazarene, in particular the Articles of Faith, the Agreed Statement of Faith, The General Rules, and The Covenant of Christian Conduct. If I find that I am unable to support the doctrines or policies, as defined in the Manual of the Church of the Nazarene, I will notify the leadership and follow their direction with respect to my position of ministry.

I further agree to adhere to the Child Protection Policy as adopted by Canada Central District Church of the Nazarene.

(Applicant's Name - Please Print)

(Date)

(Signature)

PLEASE mail form to:

**Mrs. Marg Stahlbaum
1526 King St. East
Cambridge ON
N3H 3R5**