

ADULT APPLICATION TO SERVE AT M.A.C.

TELL US ABOUT YOURSELF

Full Name _____ DOB _____

Address _____ Home# _____

City _____ Prov _____ PC _____ Mobile# _____

Email _____

How do you prefer to be contacted? **Text:** **Email:** **Telephone:** Home Mobile

Are you married? Yes No Spouse Name _____

Do you have children living with you (under the age of 18) and attending MAC? Yes No

	Child 1	Child 2	Child 3	Child 4
Last Name				
First Name				
Gender				
DOB				
Medical Concerns				

I give consent for my contact information to be shared for ministry purposes. Yes No

Do you attend MAC regularly? (2+ services per month) Yes No

How long have you been attending MAC? less than 6mths less than 1yr 1-2yrs 2-5yrs 5yrs+

If less than 6 months, list previous church you attended regularly _____

- I have been involved in these church ministries before:

- Do you have any special interests, hobbies and/or skills?:

SPIRITUAL JOURNEY

Have you accepted Jesus as your leader, forgiver and friend? Yes No Unsure

Have you been baptized? Yes No

If yes, when? _____ Where? _____

- In a brief paragraph, please outline your spiritual journey.

- What do you do to strengthen your relationship with Christ on a daily/weekly basis?

- List any gifts, training, education or other qualifications that you believe you have that have prepared you to serve at MAC.

LIST THREE PEOPLE WE CAN CONTACT

Please provide the names of 3 adult individuals, excluding relatives who have known you for a minimum of 5 years. If you are transferring from another church, please include 1 pastoral reference from your former church. Confidentiality will be maintained.

Full Name _____ Phone _____

Email _____ Mobile _____

How long have you known this person? _____ What is your relationship? _____

Full Name _____ Phone _____

Email _____ Mobile _____

How long have you known this person? _____ What is your relationship? _____

Full Name _____ Phone _____

Email _____ Mobile _____

How long have you known this person? _____ What is your relationship? _____

KEEPING EVERYONE SAFE

In order to continue to provide a safe and secure environment for all of MAC's ministries, we believe it is necessary to ask you the following questions. All information will be kept in confidence by the leadership and the Plan to Protect team and will not be disclosed by MAC unless required by law. Answering "yes" to any of the following questions may not necessarily prevent you from volunteering with MAC.



Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with others? (ie: use of illegal substances, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted? (Note this does not include minor traffic violations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list offence(s) and the date(s) of conviction:	
Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse or abuse against vulnerable persons?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any physical or mental health concerns which could impact your ability to perform the functions of the volunteer position for which you are planning on serving? (Please note that such health concerns may not prevent you from holding the position for which you have applied.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at MAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
You understand that you must attend or complete a mandatory Plan to Protect training session?	Yes <input type="checkbox"/> No <input type="checkbox"/>
You understand that you must complete Plan to Protect training annually.	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR PERMISSION - RELEASE OF INFORMATION & DECLARATION OF INTENT

- I hereby give Morden Alliance Church consent to verify the information provided by me in this Application to Serve form and to contact the references listed and to obtain and verify any information from them (and any other persons that Morden Alliance Church determines might be able to provide relevant information) that may be relevant to my application.
- I understand I must complete a free Criminal Record Check at my local Police Station and submit the findings to Morden Alliance Church.
- I understand that if Morden Alliance church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service at Morden Alliance Church, Morden Alliance Church may terminate my volunteer service or position for any reason without advance notice.
- If Morden Alliance Church approves my application for volunteer position, I will sign any documents that Morden Alliance church requires and will at all times cooperate fully with the staff of Morden Alliance Church in the fulfillment of my duties, and will keep all confidential information I encounter, in my role as a volunteer, very confidential.
- If at any time I determine that for any reason I am unable to support, adhere to, or follow the policies and/or procedures, of Morden Alliance Church, I will tell Morden Alliance Church and will resign my volunteer position.
- I hereby acknowledge, to the best of my knowledge, the information contained in this Application to Serve form is true and correct.

I agree I disagree

Date: _____ Signature: _____

YOUR SERVE COVENANT

- I will serve to the best of my ability in the ministry area that I am approved for.
- I will do my best to demonstrate and uphold Christian values and the principles of Morden Alliance Church.
- I will cooperate with other people that are serving and my ministry representative.
- I will respect church property, confidential information and leadership.
- I will inform my ministry representative with reasonable notice if I am to be absent due to illness or vacation.
- I will communicate with my ministry representative around any issues I have in my serving.
- I will communicate with my ministry representative with reasonable notice if I am unable to continue serving.

I agree I disagree

Date: _____ Signature: _____

OFFICE USE ONLY			
Reviewed by:			
Date:			