

DO YOU HAVE ANY PENDING CHARGE, INVESTIGATION OR LITIGATION AGAINST YOU?

- YES
- NO

A POLICE VULNERABLE SECTOR CHECK (PVSC) IS MANDATORY FOR ALL APPLICANTS WHO DESIRE TO WORK WITH CHILDREN.

DO YOU HAVE ANY OBJECTION?

- YES
- NO

GENERAL INFORMATION

DO YOU REQUIRE "VOLUNTEER HOURS" FOR SCHOOL PURPOSE?

- YES
- NO

DO YOU CURRENTLY HAVE A VALID (WITHIN 3 YEARS) POLICE VULNERABLE SECTOR CHECK (PVSC)?

- YES
- NO

WHICH CONGREGATION DO YOU ATTEND AND PLEASE CIRCLE YOUR INVOLVEMENT(S)? *(Check all that apply)*

- ENGLISH (WORSHIP / FELLOWSHIP / SUNDAY SCHOOL / OTHERS, PLEASE INDICATE:)
- CANTONESE (WORSHIP / FELLOWSHIP / SUNDAY SCHOOL / OTHERS, PLEASE INDICATE:)
- MANDARIN (WORSHIP / FELLOWSHIP / SUNDAY SCHOOL / OTHERS, PLEASE INDICATE:)

EMERGENCY CONTACT

NAME _____

RELATIONSHIP _____

ADDRESS _____ **CITY:** _____ **POSTAL CODE:** _____

HOME PHONE _____

CELL PHONE _____

REFERENCE CHECK/CONTACT

PLEASE PROVIDE 2 CONTACT MEMBERS IN CHURCH FOR YOUR REFERENCE

1 NAME	POSITION IN CHURCH (IF APPLY)	CONTACT: PHONE & EMAIL
_____	_____	_____
2 NAME	POSITION IN CHURCH (IF APPLY)	CONTACT: PHONE & EMAIL
_____	_____	_____

YOUR AVAILABILITY

PLEASE CHECK THE BOX BELOW THAT YOUR DATE AVAILABLE FOR VOLUNTEERING.

- | | |
|--|---|
| <input type="checkbox"/> To be announced | Mandatory CAPP training & volunteer orientation (3 hours) |
| <input type="checkbox"/> Week of July 14-July 22 | Decoration & preparation (Day & Time upon your availability) |
| <input type="checkbox"/> July 23 - July 27 | VBS Week 1 |
| <input type="checkbox"/> July 30- Aug 3 | VBS Week 2 |
| <input type="checkbox"/> Aug 3 ends at 7:30pm | VBS Closing Ceremony & Clean up |
| <input type="checkbox"/> VBS Before Care | Week 1 and/or Week 2 (8:00-9:00AM) |
| <input type="checkbox"/> VBS After Care | Week 1 and/or Week 2 (3:30-6:00PM) |

YOUR VOLUNTEER INTERESTS

WHAT AREA(S) ARE YOU INTERESTED IN VOLUNTEERING? *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Registration & Administration | <input type="checkbox"/> Sport & Game Leader | <input type="checkbox"/> Decoration Team |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Craft Leader | <input type="checkbox"/> AV Helper |
| <input type="checkbox"/> Before and/or After Childcare | <input type="checkbox"/> Kitchen Team | <input type="checkbox"/> General Helper |
| <input type="checkbox"/> Closing Ceremony | | |

VOLUNTEER INFORMATION CONSENT

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Children's Ministry Committee Members that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Children's Ministry Committee Members. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Children's Ministry or my termination as a volunteer. I understand that all the information provided to or collected by Children's Ministry in accordance with this authorization, will be kept in confidential and keep in file and will not be disclosed unless have the undersigned permission.

Signature _____

Name (please print) _____

Date _____

For Children's Ministry Committee Only

Received by: _____	Date: _____
Interview Date: _____	By: _____
Placement: _____	Police Vulnerable Section Check Required: _____
Position: _____	
Confirmed with Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	

