

# SUMMITSPORTS

## LIT APPLICATION 2017

---

Thank you for applying to be part of our Summit Sports team! In our desire to reduce the risk of abuse within the ministry of Summit Community Church, and to consider your suitability for the volunteer position, we need to collect some information from you. This Volunteer Application Form is necessary to protect our children, our youth and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for providing this information.

Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_

Are your parents/guardians supportive of your ministry involvement? ☐ Yes ☐ No

If no, please explain

\_\_\_\_\_  
\_\_\_\_\_

Do you attend Summit Community Church? ☐ Yes ☐ No      Another church? ☐ Yes ☐ No

Have you accepted Christ as your Saviour? ☐ Yes ☐ No ☐ Thinking about it.

Have you been baptized? ☐ Yes ☐ No ☐ Thinking about it.

Please describe why you would like to be part of Summit Sports Camp's LIT program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability:**Week #1 (July 10-14) ☐ Yes ☐ NoWeek #2 (July 17-21) ☐ Yes ☐ No**Preferred Sport (no guarantees):**Week #1: ☐ Soccer ☐ Ball HockeyWeek #2: ☐ Soccer ☐ Basketball**References (2 required):**

References must be adults that you've known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative, but must also include a reference from your youth pastor, coach, teacher, or employer.

Please have each reference fill out the Summit Sports Reference Form, and submit to:

email: [sports@summitcommunity.ca](mailto:sports@summitcommunity.ca)

mail: 1750 Stouffville Rd. Richmond Hill, ON. L4E 0K3

**RELEASE OF INFORMATION AND DECLARATION OF INTENT**

I give Summit Community Church consent to verify the information provided herein and to contact persons named as references. I waive any right to confidentiality and of any right to pursue damages against the church caused by the reference's response.

I understand that if Summit Community Church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in the church or for the volunteer position for which I am applying, Summit Community Church may terminate my volunteer service or volunteer position for any reason without advance notice.

If Summit Community Church approves my application for a volunteer position, I will at all times cooperate fully with the staff of the Church in the fulfillment of my duties and will keep all confidential information I encounter, in my role as a volunteer, confidential. If at any time I determine that for any reason I am unable to support, or adhere to, or follow the policies, procedures or doctrine of Summit Community Church, I will tell my supervisors and will gracefully and quietly resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Volunteer Application Form is true and correct.

Signature of Applicant \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Information received is confidential and is being gathered for the purposes of considering your application for volunteer ministry within the Sports Camp ministry of Summit Community Church.