

SUMMITSPORTS

LEADER 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 (if applicable) _____

Address _____

E-mail _____ Date of Birth _____

Name of Parents/Guardians (if under 18) _____

Phone Number (H) _____ (C) _____

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.

In a brief paragraph, please outline your spiritual journey.

Please describe why you would like to be part of Summit Sports Volunteer Team.

Please list any gifts, training, education or other qualifications that you believe you have, that have prepared you to minister with children or youth in this capacity.

Availability:

Week #1 (July 10-14) ☐ Yes ☐ No ☐ Partial Availability: _____

Week #2 (July 17-21) ☐ Yes ☐ No ☐ Partial Availability: _____

Preferred Sport (no guarantees):

Week #1: ☐ Soccer ☐ Ball Hockey ☐ interested in non-sport roles (ie. snack, floater, etc)

Week #2: ☐ Soccer ☐ Basketball ☐ interested in non-sport roles (ie. snack, floater, etc)

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

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

Information About your Ability to Work with Children and Youth

In order to continue to provide a safe and secure environment for the children and youth of Summit Community Church, we believe it is necessary to ask you the following questions. All information will be kept in confidence by Summit leadership and the Plan to Protect team and will not be disclosed by Summit unless required by law. Answering "yes" to any of the following questions may not necessarily prevent you from volunteering with Summit Community Church. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth in a Christian environment (e.g. use of pornography, use of illegal substances, etc.) ☐ Yes ☐ No
2. 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 ☐ No
3. Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons (e.g. senior citizens or persons with disabilities)? ☐ Yes ☐ No
4. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse? ☐ Yes ☐ No
5. 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 involving children, youth or vulnerable persons? ☐ Yes ☐ No
6. Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note that such health concerns may not prevent you from holding the position for which you have applied) ☐ Yes ☐ No
7. 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 the Church? ☐ Yes ☐ No

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 (if under 18) _____

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.