



# Volunteer Ministry Information Form

SECTION I		Personal Information	
Name:		Birth Date:	
Complete Address:			
Home phone:	Work phone:	Volunteer positions(s) interested in:	
Church membership:			
Marital Status (circle one) Married Never married Divorced Separated Widowed			Name of Spouse:
SECTION II		Health Information	
Do you have an injury/disability/health factor that might limit your involvement in ministry activities with children <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain.			
SECTION III		Experience	
Please list all experiences (VBS, Sabbath School, Adventurer, or Pathfinder Club, etc.) that might qualify you to work with children and/or youth:			
Position	Type of work		
1.			
2.			
3.			
<b>***OFFICE USE ONLY***</b>			
<input type="checkbox"/> Guidelines for Volunteers signed (attached, and copy given to applicant)			
Date VMIF Received:	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	
Recommended with Conditions Noted:			
Church Pastor's decision date:			
A current (within 3 years) criminal record check included: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of Church Pastor:		Church Name:	

**SECTION IV****References**

Please list below three individuals who know you well enough to recommend you as a church volunteer, one of whom must be a pastor:

Name	Complete Address	Phone Number
1. Pastor		
2. Other		
3. Other		

**SECTION V****Statement of Accuracy**

I understand that it is important that I provide full, complete and truthful answers in this declaration as I may be working with children and other vulnerable persons. I understand that a copy of this declaration will be retained by the local church and the Alberta Conference of the Seventh-day Adventist Church (the "Conference"). I have read and understand that explanation of this form provided below and agree with its content. I also understand that if it is discovered that I have not provided full, complete and truthful answers in this declaration my volunteer work will be terminated. I understand that this is strictly a volunteer position, and I expect no remuneration for services and time volunteered.

I authorize any individuals, churches or organizations listed in this application to give information that they may have regarding my character and fitness for working with children or youth. I hereby release any individual, church, or organization from any and all liability for damages that may result to me, my heirs, or family for complying with this authorization.

I agree to agree to indemnify and hold harmless the Conference and all of its entities and organizations, including local churches, from any actions, suits, claims, demands whatsoever, arising from any negligent, wrongful or illegal act or omission that I may commit in respect of any volunteer work that I may perform.

I further state that I have carefully read the foregoing release and indemnity and understand the contents thereof and I sign this release voluntarily. This is a legally binding agreement that I have read and understand.

I acknowledge that if allegations of criminal or sexual or other wrongful conduct arise regarding or in relation to my conduct while I serve in a volunteer capacity, the Conference and any local church will fully cooperate with any investigation.

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date:

It is the goal of every Seventh-day Adventist Church in the Alberta Conference to have qualified personnel in church office. Therefore, require all present and future volunteer staff to complete this form so we may analyze their leadership potential and any risks that accompany their volunteer work. This record becomes the property of the Church and will be used to evaluate present and prospective church volunteer workers. It will be forwarded to another conference should the applicant move to another conference.

Alberta Conference of the Seventh-day Adventist Church Vice-president for Administration  
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