

# **MINISTRY PERSONEL APPLICATION for YOUTH (under 16)**

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our Children and our Volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

## **Personal Information**

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

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

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

Name of Parents \_\_\_\_\_ Phone Number \_\_\_\_\_

Are your parents supportive of your ministry involvement?  Yes  No

If no, please explain

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

Hobbies, Interests or Skills

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

Volunteer Experience and Part-time Jobs

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

## **Spiritual History**

How long have you attended Prince Albert Alliance Church? \_\_\_\_\_

Do you regularly attend (2 or more times a month)?  Yes  No

When did you accept Christ as your Saviour? \_\_\_\_\_

In a brief paragraph, please describe what your faith means to you.

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

**Ministry Questionnaire**

Describe why you would like to be part of our Children’s Ministry Team.

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What strengths or assets would you bring to our Children’s Ministry Program?

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What areas of concern do you have in working with Children?

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Do you see yourself as a team player? Please explain.

Yes    No

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Please indicate the area of ministry in which you would like to serve.

**Children’s Ministry (Sunday school, BLAST, Kidzone, Toddler Room, Club 56,  
Mom’s Morning Out Child Care, AWANA)**

**Worship Ministry (Musician, Audio Tech., Video Tech., Video Camera  
Operator)**

**Hospitality Ministry (Usher, Greeter, Soup on Sunday)**

**Other \_\_\_\_\_**

**References**

List three 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 references from your Youth Pastor, employer or teacher.

1. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

2. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

3. Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

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 screening Ministry Personnel and placing them into ministry with Children. The information gathered here will be used for the purposes of supporting the ministries at Prince Albert Alliance Church.