

Appendix "B" Volunteer Information Form for Applicants

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PLEASE COMPLETE THE FOLLOWING:

Name: _____
Email: _____
Address: _____ City: _____ Province: _____
Tel: _____

Ministry Position for which you are applying: _____
If this ministry is not available, would you consider a different ministry? Yes No
If yes, which ministries might interest you? _____

Please provide a contact in case there is an emergency:

Name: _____ Relationship to you: _____
Address: _____
City: _____ Postal Code: _____
Phone: (Res.) _____ (Bus.) _____

Why do you want to volunteer for this Ministry position? _____
What Gifts, talents and skills do you bring to this Ministry position? _____
What life experiences have prepared you for this Ministry position? _____
Have you held a volunteer position with another organization? Yes No
How long have you been a member of this Church? _____
How did you hear about this Ministry position? _____
Are you willing to participate in Training Days? Yes No
Are you prepared to attend Training Courses on Ministry with Children? Yes No
Have you been involved, or are you presently involved in working with Children's Ministries? _____
What background/training do you have in working in Ministry with Children? _____
Please give a description of any involvement you have had with Children's Ministries in the last five years. _____
If a position is presented to you, are you prepared to consent to a Police Records Search? Yes No
If yes please arrange to obtain a Police Records check. If no, why not? _____
Do you have a driver's license: Yes No. If yes, the driver's license number is: _____
Have you been convicted of a criminal offence for which a pardon has not been granted or for which a pardon has been
revoked? Yes No
If yes, please provide details. _____

I certify that the information that is provided on this Volunteer Information Form is true and complete. I understand that this information will remain confidential and is the property of the Church. If I have indicated that I would consider volunteering in another area of ministry, then I understand that my name and phone number will be given to the appropriate ministry leader so that she/he may contact me.

Signature: _____ Date: _____

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NGCC Policy: Child Abuse Protection and Sexual Exploitation

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Please list three (3) people who know you and can describe your suitability for this ministry. (i.e. a teacher, coach, senior member of the Church, neighbour, etc.)

Please remember to tell these people that the Church will be contacting them.

[1]
Name: _____
Relationship to you: _____
Address: _____
Telephone: _____

[2]
Name: _____
Relationship to you: _____
Address: _____
Telephone: _____

[3]
Name: _____
Relationship to you: _____
Address: _____
Telephone: _____

I, _____, authorize a member of North Grenville Community Church
(Name of Applicant) (Name of Church)
to contact the character references which I have listed on this Volunteer Information Form, in order to collect the information which is appropriate to the Church. I understand that the information obtained will be confidential.

Signature Date

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PLEASE RETURN THIS COMPLETED FORM TO THE CHURCH



Ontario
Provincial
Police

Volunteer/Applicant Screening Process Consent to Disclosure of Personal Information

Note: This form to be used to assist the agency to determine the suitability of successful candidates for either full or part time employment and/or volunteer duties having direct contact with children or vulnerable persons.

Applicant Information

Surname				Given Names			
Maiden Name or Other Names used (if applicable)				Place of Birth			
D.O.B. YY MM DD		Sex	Area	Telephone (Res.)		Driver's Licence Number	
Address: Number Street			Apt./Unit	City/Town/Municipality		Postal Code	

Previous addresses for the last five years (If insufficient room, attach a separate sheet.)

Number	Street	Apt./Unit	City/Town/Municipality	Postal Code	Years at Residence

(Please read carefully.)

I hereby consent to full disclosure, by the Ontario Provincial Police (OPP) to the person(s) listed below, of all police record information. This consent includes the release of records of criminal convictions for which a pardon has not been granted, records of discharges which have not been removed from the CPIC system in accordance with the *Criminal Records Act*, or any convictions registered, charges pending or any other judicial order issued under an Act of Parliament or an Act of the Legislature. This consent also includes and authorizes the release of information available from the files of the OPP or any other police agency, including occurrence information, which the OPP deems necessary to fulfill the requirements of the volunteer/applicant screening process. This consent is given pursuant to s.42(b) of the Freedom of Information and Protection of Privacy Act.

Name	Title
Name of Organization	

The *Criminal Records Act*, provides for additional information to be provided to a person or organization responsible for the well-being of one or more children or vulnerable persons. I am an applicant for a paid or volunteer position with such a person or organization, as defined by the *Criminal Records Act*, as described below:

Description of the paid or volunteer position:	
Name of the person or organization:	Title
Details regarding the child(ren) or vulnerable person(s):	

Therefore, pursuant to a request by the above person or organization, I hereby consent to a search of the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the offences listed in the schedule to the *Criminal Records Act*. I understand that pursuant to this consent, if I am determined to be the person named in a criminal record as described above, that record may be disclosed to the Ontario Provincial Police (OPP) and the OPP will then disclose that information to me and to the person or organization referred to above.

Release and Discharge

I hereby release and forever discharge Her Majesty the Queen in right of Ontario, the Commissioner of the Ontario Provincial Police and all members and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the OPP.

Signature of Applicant *Date*

Signature - Organization Witness

Identification verified by

STAMP OF ORGANIZATION

North Grenville Community Church
2659 Concession Rd. Box 1685
Kemptville, Ontario
K0G 1J0
Tel: 613-258-4815

Confidential

This record and the information contained therein, is being provided in confidence and shall not be disclosed to any person except as provided above.

The information provided is based on a name check only, and having a birth date as provided above.

- Fails to reveal any record relating to the above subject
- Indicates the following information may relate to the above subject.