

Volunteer Info	
First Name	Last Name
Address	
Province	Postal code
Birth Date	
Phone	
Church Mailbox #	Employment
Spouse's name (if married)	
Children	
Your Ministry	
Area of Ministry you would like to be involved in	
Briefly describe any volunteer or work experience which relate to this ministry:	
Education or training course which relate to this ministry:	
Previous Ministry Experience:	Dates
Your Testimony	
Please tell how you came to know Jesus Christ as your personal Saviour	
Are you familiar with the Mennonite Brethren Confession of Faith Yes No	
Do you agree with it?	
MBCM Confession of Faith https://www.mennonitebrethren.ca/the-mb-confession-of-faith-full-text/	
How has God led you to this ministry? What is your passion or heart for serving here?	
What is you level and length of involvement in this church?	
Church Member How long Adherent	How long attending
Sunday Worship (regularly) Occasionally	
Sunday School (attend) Teach/help _	
Other participation	



Volunteer Application

Your References (unrelated to you)
Please give the name of a leader in our church as a reference (eg. Pastor, elder, care group leader)
Ph.
Please give the name of one other non-related individual who can also serve as a reference:
Ph.
Have you ever been arrested? Yes No
If yes, when and for what?
Were you convicted? Yes No
Have you ever been accused or convicted of a crime against children, ie molestation? Yes No
If yes, please explain
Please complete the "Consent for Criminal Record Search" and bring to your local police station in person. A small fee and identification will be required. If you would like to be reimbursed, please bring your receipt to the church office.
In Winnipeg this can be completed online at https://www.winnipeg.ca/police/services/online-record-checks
YOUR STATEMENT OF RELEASE
The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to release any information they may have regarding my character and fitness to work with children or youth. I release all such references from liability for any damage that may result from furnishing such evaluations.
I have read, understand and agree to abide by the Mennonite Brethren Safe Place Policy for Childrens Ministry.
I consent to having a criminal record check and a Child Abuse Registry check.
Applicants Signature: Date:
Please print name:
Witness Signature: Date:
Please print name:
FOR OFFICE USE ONLY
Corresponding Ministry leader: please sign below upon completing review of volunteer's application and submit to admin for processing.
Ministry Leader Signature: