

**MINISTRY PERSONNEL ANNUAL RENEWAL APPLICATION** Appendix 7  
(to be completed adult and youth volunteers working in positions of trust with vulnerable individuals)

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our vulnerable people and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership. Information received is confidential and is being gathered for the purposes of screening ministry personnel and placing them into ministry with children, youth, or other vulnerable people. The information gathered here will be used for the purposes of supporting the ministries at Resurrection Church.

Name \_\_\_\_\_

Has your address/email/phone number changed in the last year?  Yes  No

New Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Do you have first aid training?  No  Yes, expiry date: \_\_\_\_\_

Your last vulnerable sector and intervention check was \_\_\_\_\_

Since your last checks were completed have you at any time ever:

- Been arrested for any reason?  Yes  No
- Been convicted of, or pleaded no contest to a crime?  Yes  No
- Been arrested or convicted for any abuse related crimes?  Yes  No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth or others?  Yes  No
- Any reason why you should not work with children, youth or others?  Yes  No

If the answer to any of these questions is 'yes', please explain in detail -attach a separate page

**Application Verification and Release**

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct. I also agree that if any subsequent criminal investigations or charges against myself after the date of this release, I will disclose immediately to the P2P committee. I have read the policy on awareness and protection of vulnerable persons, and I agree to abide by all the policies and procedures of Resurrection Church and to protect the health and safety of the children, youth or other vulnerable people in my care at all times.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Reference: Guidelines for Ministry Workers, Brotherhood Mutual Insurance Company, July 2000

Read, approved and responded by Plan to Protect team member:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_