

YOUTH - VOLUNTEER APPLICATION FORM

Thank you for applying to be a volunteer at EastRidge Evangelical Missionary Church! Please fill out this application & return it to us by **June 24th, 2022**. You may return it by emailing it to Attention: Jenn Rae, Children's Ministry Director

Please be aware if the application form is not returned on time, your ability to volunteer may be impacted.

Personal Information

Full Name _____ Grade Entering in Sept. _____

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

Why do you want to be a part of our VBC and become a volunteer with us?

Spiritual History

How long have you attended EastRidge 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

What strengths or assets would you bring to our VBC Program?

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

Do you see yourself as a team player? Please explain. Yes No

Please list the area of ministry in which you would like to serve. (eg. Crafts / worship / general helper / small group helper / sports)

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. For example: a teacher, employer or someone who knows you in the community.

1. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Email: _____

Nature of Relationship: _____

2. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Email: _____

Nature of Relationship: _____

3. Name of Reference: _____ Day Phone: _____

How long have you known this person: _____ Evening Phone: _____

Address: _____

Email: _____

Nature of Relationship: _____

COVENANT OF CARE AND COMMITMENT

Student's Commitment:

I commit to the following:

1. The information above is true and accurate;
2. If attending VBC, I will take the responsibility to be on time and attend every day (8:30am – 4:00pm every day);
3. I will be a good role model to the children I work with;
4. I will be a good team player and team builder;
5. I will protect the children at VBC and follow the Abuse Prevention Policies (AP2) and procedures; and
6. Serve the Lord Jesus with gladness.

Signature of Applicant: _____

Printed Name: _____ Date: _____

Parent's Commitment:

I understand that my son / daughter has applied to be a volunteer at Camps. I understand that it is not only a Day Camp, but also an opportunity to build leadership skills and help lead children to Jesus.

I understand that this opportunity requires Abuse Prevention training that involves commitment and study.

I understand my son / daughter will be a student leader volunteer with the children in camp using the leadership skills and knowledge they have built and acquired through this experience.

I understand that there is a high level of commitment to attend 100% of the duration of camp and that my son / daughter is responsible to arrive by 8:30am every morning and stay through to 4:00pm every afternoon.

Signature of Parent or 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 EastRidge Church.

CONSENT AND AUTHORIZATION

NAME OF STUDENT: _____

DATES: Please specify which camp(s) you are volunteering for

Purposes and Extent

Information received is confidential and is being gathered for the purposes of serving your youth while in the care of EastRidge Evangelical Missionary Church. Any medical information collected here serves to authorize EastRidge Evangelical Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

EastRidge Evangelical Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your youth, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish EastRidge Evangelical Missionary Church to limit the information collected, or to view your youth's information, please contact us.

Covid-19 Update

All programming will be offered with strict adherence to the public health guidelines in place at the time of the event.

Activities

Activities of EastRidge Church will have programming that may include physical activities where there is an elevated risk of injuries, bruises and accidents, however the protection and safety of the children are our primary concern, and we have trained and screened volunteers and staff to minimize the risk and oversee the program. At EastRidge, we encourage and promote a nut-free environment. The snacks we serve will be nut-free. Parents are discouraged from sending products that contain nuts/peanuts and nut oils to the program. As much as we take great precaution, we cannot guarantee a nut-free environment. We would ask parents to communicate any concerns with us prior to and during our events.

Waiver & Release

The safety of your youth is our primary concern. Precautions will be taken for their well-being and protection.

In the event of an emergency and that no one can be contacted, I/we, the parents or guardians named above, authorize a Pastor or one of the EastRidge Evangelical Missionary Church Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff of EastRidge Evangelical Missionary Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant because of being part of the activities of the EastRidge Evangelical Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of the EastRidge Evangelical Missionary Church, which include associated programs through partnerships vetted by EastRidge.

I/we, named on this registration give EastRidge Evangelical Missionary Church permission to use photographs or videos of any member of my family to use and publish the photographs or videos in print or electronically for any lawful purpose to highlight and promote Eastridge activities. This undertaking includes the right to modify and retouch the images at the discretion of EastRidge Church.

This consent and authorization is effective only when participating in or travelling to the events of EastRidge Church. I hereby give permission and consent for my youth to be transported for kids/youth activities on behalf of EastRidge Church by the individuals deemed eligible by EastRidge Church including by car or bus/van-for-hire.

Parent Signature: _____

Printed Name: _____ Date: _____

I grant permission for ERC staff to contact my son / daughter by (check any / all that apply)

Telephone _____ Email _____
Text _____ FaceBook _____

Parent Signature: _____

Printed Name: _____ Date: _____