VOLUNTEER/SUPPORT TEAM APPLICATION

Please fill out the following fields.

Ministry Name _____

Dates Available: From _____, 20_____ Thru _____, 20_____

Exceptions to Dates above: _____

Applicant's Name: _____ Position: _____

Occupation: _____ Sex: ☐ Male ☐ Female

Permanent Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: ( ) _____ Provincial Health Number: _____

Fax Number: ( ) _____ Parent: _____

Email Address: _____ Parent, Phone: ( ) _____

I have been advised of the responsibilities of my position and understand that I am directly answerable to the Director. I further understand and have been advised of the amount of remuneration due me (if applicable). I agree to work in harmony with those around me and to respect the rules, regulations, policies and procedures of One Hope Canada along with the Ministry Point I am applying to.

I further understand that, given the sensitive nature of working with and around children, and the expectation of society and regulatory bodies and insurers, One Hope Canada requires this application, current references, and criminal records, and abuse registry checks on file for "ALL" personnel.

References: I hereby provide the names and full addresses of my Pastor and two other adult acquaintances over 25 years of age that are not relatives. (Incomplete addresses hold up the application process). I have informed my references that I have used their name and asked that they provide a quick response.

Name: _____ Relationship: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: ( ) _____

Name: _____ Relationship: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: ( ) _____

Name: _____ Relationship: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: ( ) _____

I declare all this information to be accurate to the best of my knowledge. I hereby authorize One Hope Canada access to information with respect to my person from Police/Child Abuse registry files.

Date: _____, 20_____ (mm/dd/yy) Signature: _____