



# CSSM Ministries

## Volunteer/Support Staff Application

Ministry Name: \_\_\_\_\_

Dates Available: From \_\_\_\_\_, 20\_\_\_\_ thru \_\_\_\_\_, 20\_\_\_\_

Exceptions to Dates above: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Position: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender:  Male  Female

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Provincial Health #: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ Next of Kin: \_\_\_\_\_

Email Address: \_\_\_\_\_ Next of Kin, Phone Number: ( ) \_\_\_\_\_

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 abide by the rules, regulations, policies and procedures of the CSSM Ministries. A copy of CSSM ministries Code of Conduct and Doctrinal Statement are available at: [www.cssm.ca/national/Advertising/PositionsAvailable](http://www.cssm.ca/national/Advertising/PositionsAvailable), or you may request a hard copy from the location you are applying with.

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

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: \_\_\_\_\_ Prov.: \_\_\_\_\_ Ph.: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Ph.: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Ph.: ( ) \_\_\_\_\_

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

Date: \_\_\_\_\_, 20\_\_\_\_ (mm/dd/yy) Signature: \_\_\_\_\_