

The Christian Reformed Church of Stratford

190 Athlone Crescent
Stratford, ON, N4Z 1H9
Website: www.stratfordcrc.org
Phone: 519-273-1292



VOLUNTEER SCREENING PACKAGE

Required for all ministry providers 16 years and over
who work with children, youth, or vulnerable adults.

Thank you for your service!

The Safe Church Committee

The Christian Reformed Church of Stratford



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December 5, 2024

Dear Ministry Volunteer,

Thank you for your willingness to serve in ministry at our church! We are committed to ensuring that all our ministries are safe for everyone involved. Any ministry providers (16 years and over) who work with children, youth, or vulnerable adults are required to complete the contents of this Volunteer Screening Package.

Memorandum of Agreement

The Stratford CRC Safe Church Policy is available online or by request.

Volunteer Application Form (one-time)

Police Check (every 5 years, only required for age 18 and up)

Safe Church Training (yearly)

If you have any questions or concerns, please get in touch with anyone on the Safe Church Committee: Adrianna Borgdorff, Bonnie DeWeerd, Kristen Parker, and Tom Scott.

In Christ,

Tom Scott
Safe Church Committee Chair

The Christian Reformed Church of Stratford

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MEMORANDUM OF AGREEMENT between the **Stratford Christian Reformed Church** and the **Ministry Provider**

I, _____, have read and understand the Stratford Christian Reformed Church's "ABUSE PREVENTION AND RESPONSE POLICIES AND PROCEDURES", *approved by council dated August 5, 2008*.

I agree to its regulations and mandates, and will adhere to them.

I realize that an allegation of abuse brought against me *will result in immediate suspension and possible* termination of my ministry position.

Additionally, I understand that all allegations of abuse will be reported to agencies and law enforcement bodies in accordance with the laws of Ontario, or, when not covered by Ontario law, will be dealt with according to the policies and regulations of the Stratford Christian Reformed Church.

I further acknowledge my responsibility to report another ministry provider or any person whom I suspect, on reasonable grounds, has abused or is abusing a child.

Signature of Ministry Provider

Date

Signature of Witness

Print Name of Witness

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VOLUNTEER APPLICATION FORM

1. Contact Information

Name: _____
First name Middle initial Surname

Address: _____
Number Street Unit / P.O. Box

_____ *City Province Postal Code*

Phone Number(s): _____
Cell Home

Email: _____

2. Membership Status (check one)

- I have been a member of Stratford CRC for at least 6 months.
- I have been attending Stratford CRC for at least 6 months.
- I have been known to _____ (Stratford CRC Member) for at least 6 months who is willing to vouch for my suitability as a volunteer in this position.

3. Position(s) for which you wish to apply: _____

4. Please describe why you want to volunteer in the indicated position(s):

5. Personal References

- Please provide references who can speak to your personal character and skills.
- Please provide enough information for the Safe Church Committee to contact your references without difficulty.
- Non-family references are preferred but if necessary, list no more than 1 family reference.
- If you have been a member for more than 6 months, please provide 2 references.
- If you are not a member or have not been a member for more than 6 months, please provide 3 references including 1 from a previous congregation (if possible) and 1 who is a member of Stratford CRC.

a) Reference #1 (required)

Name: _____
First name Middle initial Surname

Address: _____
Number Street Unit / P.O. Box

_____ *City Province Postal Code*

Phone: _____ Best time to call? a.m. p.m.

Relationship to you: _____ Length of relationship: _____

b) Reference #2 (required)

Name: _____
First name Middle initial Surname

Address: _____
Number Street Unit / P.O. Box

_____ *City Province Postal Code*

Phone: _____ Best time to call? a.m. p.m.

Relationship to you: _____ Length of relationship: _____

c) **Reference #3** (required for **non-members** and **new members only**)

Name: _____
First name Middle initial Surname

Address: _____
Number Street Unit / P.O. Box

City Province Postal Code

Phone: _____ Best time to call? a.m. p.m.

Relationship to you: _____ Length of relationship: _____

6. **Authorization and Declaration**

The information contained in this application is correct to the best of my knowledge. I hereby authorize the people named as personal references above to respond to questions concerning my character and to provide any information relevant to my suitability for the indicated volunteer/ministry position. I understand that a Police Vulnerable Sector Check is required and agree to obtain this check.

Signature of Applicant

Date

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POLICE CHECK INSTRUCTIONS

If you are age 18 or over, please obtain a police check, including a vulnerable sector check, with your local police service.

Stratford Police Services (Stratford, St Marys, Perth South)

- Complete online: <https://policolutions.ca/checks/services/stratford/>
- A letter from Stratford CRC is not required.

Waterloo Regional Police

- Online: wrps.on.ca/en/services-reporting/background-or-record-checks.aspx
- A letter from Stratford CRC **is required**. On the attached letter, please fill in your name, date of birth, and check the position(s) you are applying for and submit with your police check application.

Ontario Provincial Police

- For people who live in a location that does not have municipal police service
- Complete online: opp.ca/index.php?id=147
- A letter from Stratford CRC **is required**. On the attached letter, please fill in your name, date of birth, and check the position(s) you are applying for and submit with your police check application.

Please submit your completed police check to the Chair of the Safe Church Committee's church mail slot or email (tom.scott@wycliffe.ca). **Please note** that completed police checks are kept in strict confidence by the Chair of the Safe Church Committee alone. If you require reimbursement for any costs incurred from obtaining your police check, please submit a receipt to the Treasurer's church mail slot or email (treasurer@stratfordcrc.org).

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POLICE CHECK REQUEST FORM

October 1, 2025

Re: Criminal Record / Vulnerable Sector Check

Legal Name: _____ Date of Birth: _____

The above-named person has applied for the following volunteer position(s) at the Christian Reformed Church of Stratford (check all that apply):

- Youth Ministry Volunteer** (Cadets, Gems, Sunday School, Catechism, Youth, Little Lambs, VBS, Serve) – teach and coordinate activities for children and youth
- Nursery Volunteer** – provide care for children and infants
- Community Meals Volunteer** – serve meals to vulnerable adults
- Friendship Volunteer** – provide fellowship for those with intellectual disabilities
- Church Leadership** (Council and Deaconesses) – provide spiritual guidance and support to church members of all ages and abilities, including those who may be vulnerable due to age, health, disability, or life circumstances
- Staff** (Custodian, Office Administrator, Pastor, Treasurer) – provide services for people from a range of ages and abilities

The Christian Reformed Church of Stratford requires that the above-named volunteer provides a Police Vulnerable Sector Check (CPIC and VSV) in order to fulfill the responsibilities of their position.

Sincerely,

Tom Scott | Safe Church Committee Chair, Christian Reformed Church of Stratford