

STRATFORD CRC SAFE CHURCH COMMITTEE

APPLICATION
for ministry position
STRATFORD CHRISTIAN REFORMED CHURCH

1. Name :
2. Address
3. City
4. Postal Code
5. Telephone
6. Ministry position for which you wish to apply.
7. I have been a member of the Stratford Christian Reformed Church for at least 6 months.
8. I have never been charged with or convicted of child abuse or any sexual crime.
9. I have no communicable diseases or condition such as: TB, Hepatitis, HIV/Aids, seizures, serious depression.
10. If you have not been able to answer “yes” to questions 6,7, or 8, please provide details and explain here why that should not stand in the way of your serving in the respective ministry position.
11. Please describe why you want to serve in the indicated ministry position:

12. Please provide the names addresses and phone numbers of three personal references who are not related to you, and who know your personal qualities:

1.

2.

3.

The information contained in this application is correct to the best of my knowledge.

I hereby authorize the people named in part 12 above to respond to questions concerning my character and to provide any information relevant to my suitability for the indicated ministry position.

I also understand that a police check is required, and agree to obtain this check.

Signature of Applicant

Date