



ST. ALBERT

CANADIAN REFORMED CHURCH

54203 Range Rd 261
St. Albert AB T8T 0X2

Background Check for Office Bearers and Volunteers

To provide a safe and secure environment for our church’s children and youth, this volunteer application is required as per screening requirements from our Safe Environment Policy.

Volunteers must be members of St. Albert Canadian Reformed Church or a sister church for at least 6 months prior to volunteering.

We recognize the following includes sensitive questions. Please be assured that this information will be kept confidential by church leadership and the Safe Environment Committee and will not be disclosed by the church unless required by law.

Please submit this form to sep@stalbertcanrc.com or in person to a church elder or volunteer coordinator. If you require assistance with printing or completing this form, please contact us at the email address above.

In addition, please provide a copy of a recent criminal record check including a Vulnerable Sector Check (where possible). Volunteer letters to waive the fee can be found on Church Social under the files section or provided via email.

Personal Information

| | |
|-------------|--|
| Full Name | |
| Email/Phone | |

If you:

1. Are a volunteer from a sister church or;
2. Have not been a member of St. Albert for at least 1 year

Please list the church you are a member of/have been a member of and how long.

| Church Name | Length of Membership |
|-------------|----------------------|
| | |

Please list any volunteer or leadership positions you have held within the church(es) you have attended in the past 5 years.

| Position | Church Name | Contact Person (if applicable) |
|----------|-------------|--------------------------------|
| | | |
| | | |
| | | |

Please explain why you want to serve as an office bearer or volunteer with the St. Albert Canadian Reformed Church? Include what capacities you are willing to serve in and explain your motivation to serve in these areas:

Information About Your Ability to Work with Children and Youth

Please note that answering yes to any of the questions will not necessarily prevent you from volunteering with the church but would require a conversation with a church elder.

| | | |
|--|---------------------------------|--------------------------------|
| Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children or youth in a Christian environment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Further to a criminal record check, have you ever been convicted or found guilty of a criminal offence for which a pardon has been granted? If yes, please list offence(s) and date(s) of conviction: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been expelled from or had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons? (e.g. senior citizens or persons with disabilities) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you been subject to enforcement action by the Child Welfare Agency or any other organization for suspected child abuse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceedings in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving children, youth or vulnerable persons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any health concerns or contagious diseases which would impact your ability to perform the functions of the volunteer position for which you are applying or which may require special attention to ensure a safe environment for yourself and others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Safe Environment Policy Commitment

As part of our Safe Environment Policy we request that all of our leaders and volunteers commit to abiding by the policy. A copy of the policy can be emailed to you and is also available on Church Social.

| | | |
|--|---------------------------------|--------------------------------|
| Have you read the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If not, will you commit to reviewing the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you agree to abide by the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Release of Information

| | |
|--|--------------------------|
| I hereby give the church consent to verify the information provided by me to contact the references and to obtain and verify any information from them (and any other persons that the church determines might be able to provide relevant information) that may be relevant to my position. | <input type="checkbox"/> |
| I grant my permission for the church to possess, review (and, if necessary, conduct) a criminal record check on me. | <input type="checkbox"/> |
| I hereby declare that, to the best of my knowledge, the information contained in this background check is true and correct. | <input type="checkbox"/> |

References

To volunteer, you must be a member in good standing with your church Consistory. If you are not, please discuss with your elders prior to submitting this form.

We believe that regarding doctrine and life the testimony of two or more witnesses is a strong biblical practice. In addition, your elders and ministers can testify in this regard.

By signing below, volunteers ward elder/minister to verify that member is in good standing, and that this person can volunteer with children and vulnerable persons. Two signatures are required.

| | |
|---|--------------------|
| Signature of ward Elder: | |
| Elder Printed Name: | Date (YYYY-MM-DD): |
| Signature of ward Elder or Minister: | |
| Elder/Minister Printed Name: | Date (YYYY-MM-DD): |

In addition, if you:

1. Are a volunteer from a sister church or;
2. Have not been a member of St. Albert for at least 1 year

Please include at least one reference from outside St. Albert Canadian Reformed Church, preferably a church leader or minister (different from the references above):

| | |
|--------------------------------------|--|
| Name of Reference | |
| Phone & Email | |
| How long have you known this person? | |
| Nature of your relationship | |

Declaration

I declare that the information provided in this form is true and complete:

| | |
|--------------------------------|--------------------|
| Signature of Applicant: | |
| Printed Name: | Date (YYYY-MM-DD): |