



ST. ALBERT

CANADIAN REFORMED CHURCH

54203 Range Rd 261
St. Albert AB T8T 0X2

Volunteer Helper Application (up to age 17)

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

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

Please be assured that this information will be kept confidential by the church and/or program leaders and the Safe Environment Committee and will not be disclosed by the church unless required by law. Thank you for your cooperation!

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.

Please note:

Prior to turning 18 you will need to complete the full screening for adults, including a criminal record check every 5 years, should you wish to continue to volunteer.

As a helper you should never be caring for others alone, there should always be a screened adult present.

Personal Information:

Full Name	
Date of Birth (YYYY-MM-DD)	
Parent/guardian name and phone number	

If not from St. Albert Canadian Reformed Church:

Church you currently attend	
How long have you been a member of your current church?	

Short Answer Questions (Required):

Please describe why you would like to volunteer with St. Albert Canadian Reformed Church and how you hope to help?

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Reference:

By signing below, volunteers elder or minister to verify that member is in good standing, and that this person can volunteer with children and vulnerable persons.

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

Declaration:

1. As a volunteer (applicant) I declare that the information provided in this form is true and complete.
2. As parent/guardian, I declare that the information provided in this form is true and complete and the applicant can volunteer.

Signature of Applicant:	
Printed Name:	Date (YYYY-MM-DD):
Signature of Parent/guardian:	
Parent/guardian Printed Name:	Date (YYYY-MM-DD):