



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 ministry and CSSM Ministries. A copy of CSSM ministries Code of Conduct and Doctrinal Statement are available at: 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: _____