



**APOSTOLIC CHRISTIAN CHURCH  
MISSION BOARD OF CANADA**

*INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL*

**Volunteer Application Form (PF01)**

*All volunteers working with children in an ACCMBC sponsored ministry must fill out this form*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where you attend church: \_\_\_\_\_  
Membership status:  Member  Regular Attendee  Occasional Attendee  
How long have you attended: \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous experience working with youth: \_\_\_\_\_

I authorize ACCMBC to contact the following individual(s) for a character reference; I authorize the individual(s) to answer any questions asked by the ACCMBC about my character.

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Note: The reference(s) must not be family, over 18 and must know you for at least 2 years.*

I realize that my actions can have an impact on the ministries of ACCMBC. I hereby certify that I have never been convicted of a criminal act, other than those listed below, and that I have no addictions which could compromise the integrity of this ministry.

Criminal Convictions: Yes  No

If Yes give details: \_\_\_\_\_

I, \_\_\_\_\_ give ACCMBC permission to conduct a police search of my records, or I will provide a copy of my records to ACCMBC. I have read, understood, and will comply with the policies and procedures contained in ACCMBC's Pelham Park Outreach Abuse Prevention Plan.

Signed \_\_\_\_\_

Date \_\_\_\_\_

For more detailed information or additional training material, please visit [www.reducingtherisk.com](http://www.reducingtherisk.com)  
This site contains online training material for abuse prevention.