

Renewal Application

for Ministries to Children, Youth, and Vulnerable Adults

Adult Version

(if you are under 18, please complete the Youth Version)

This application may be completed online at <http://queensway.org/app>

This is a renewal application for those who have submitted a ministry application in previous years. This information will be kept confidential and will only be shared with Queensway Baptist Church ministry personnel responsible for screening volunteers.

Personal Information

Full Name: _____ Date of Birth: ____ / ____ / ____
M D Y

For the following contact information, you need only write down whatever has changed:

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

CPR/First Aid

Are you CPR/First Aid certified? Certification Level: _____ Certificate Date: _____

Update

Is there anything we should know that would impact your role as a leader (e.g., new health issues, change in availability, concerns about the church or ministry, etc.; use the back if necessary)?

Photo & Video

From time to time, QBC may wish to use photos and/or videos of you **without identifying information** on bulletin boards, the QBC website, flyers, the QBC Facebook page, etc. We do this to give a personal touch to our communication and to celebrate what God is doing in our ministry. If you wish to have photos and/or videos of you removed from public display, please contact the church.

- ☐ **Yes**, QBC may use photos/videos of me *without identifying information*
- ☐ **No**, QBC may not use photos of me

Applicant's Statement

I declare by my signature below that the information contained in this application is true and accurate to the best of my recollection and knowledge.

When I am working in a ministry targeted to **children or youth**, I commit to follow the expectations of:

- [Policies, Procedures, & Guidelines for Children & Youth Workers](#)
- [Conduct & Behaviour Expectations for Children & Youth Workers](#)

When I am working in a ministry targeted to **vulnerable adults**, I commit to follow the expectations of the [Policy for Ministries to Vulnerable Adults](#).

Signature: _____ Date: _____