
Screening in Faith
Choose the name you prefer for this form

TIME AND TALENT RECORD OR APPLICATION FORM
[address of parish/organization]

Please return the completed application form to _____ by: _____

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone, Fax, Email:

Home #: _____ (H) Fax: _____ (H) Email: _____

Work #: _____ (W) Fax: _____ (W) Email: _____

Best time to call? a.m. p.m. Cell #: _____

This position is a: *(Check the applicable box)* Staff Position Volunteer position

Ministry Position for which you wish to apply:

Start Date: _____ **Length of the appointment:** _____

List any ministries in which you would like to serve. *(The parish/organization may list all the ministries for which people may volunteer and the candidate will check off all that are of interest.)*

_____ _____

_____ _____

Why do you want to serve in these ministries? How do you hope to benefit?

Describe your Christian faith and experience.

List the qualifications and skills that you bring to these ministries.

Relevant Volunteer Experience:

<i>Organization outside the church</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church Experience:

<i>Position</i>	<i>Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read carefully. A check in each box indicates agreement.

- I understand that ministry is a privilege, not a right, and that my desire to serve must, at all times, be affirmed by the church/organization through its screening process
- I understand that an appointment to a high-risk ministry position requires that I provide three references and acquire a Police Background Records Check as part of the screening process.
- I understand that in accepting a ministry position, I am committing myself to act in compliance with the beliefs, values, policies and processes of this church/organization.
- I have received a copy of the ministry description and guidelines for the position and understand the responsibilities associated with it. I am aware of the policies that affect this ministry.
- I understand that training and accountability are key support for my position. Therefore, I will attend training, as required by the position, and meet regularly with the leader responsible for the ministry to which I am being appointed.
- I know that the parish will maintain a file on persons filling medium and high-risk positions in compliance with the *Screening in Faith Policy*. This information is private and will be kept in a secure location. Upon request, I shall be given access to that information and be able to challenge the accuracy and completeness of the information and have it amended as appropriate.

Signature of Applicant

Date

Please place this completed document in the applicant's file in a locked filing cabinet. Record the completion of this step on the applicant's Screening Checklist Form

Reference Check Permission Form

Required for High Risk Ministries Only

I [please print name], give [parish/organization] permission to contact the references listed below to discuss my suitability as a [ministry position title].

Signature: _____

Date: _____

List three persons who have knowledge of your qualifications. Your references should be people you know through different relationships and/or situations. For example: a family member, a friend and an employer (paid or volunteer position). Ideally the three references that you provide should come from each of these categories. Please ensure that one of the two non-family references has known you for at least 5 years.

If you have moved from another parish within the last 12 months, please provide one reference from your previous parish.

Reference One

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Two

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____

Reference Three

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Phone: _____ Fax: _____ Email: _____

Best time to call? a.m. p.m. Cell #: _____

Relationship to the candidate: _____ Length of relationship: _____