

**Kitchener Mennonite Brethren Church  
Christian Education Department  
Confidential Personal Information Form**

To assist us in selecting personnel for \_\_\_\_\_ ministry, please complete the following information so we can become better acquainted with you. This document will be handled in strict confidentiality.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Age Group: (circle one) Teens

Phone (work): \_\_\_\_\_ 20–30

Employment \_\_\_\_\_ 30–40

Spouse's Name: \_\_\_\_\_ 40–50

Children's Names: \_\_\_\_\_ 50–60

\_\_\_\_\_ 60–70+

**MINISTRY INFORMATION**

Area(s) of ministry you would like to be involved in: \_\_\_\_\_

Briefly describe any personal experience which relates to this ministry. \_\_\_\_\_

List any education, training, or past experience that equips you for this ministry. (Include dates.)

**YOUR TESTIMONY**

Please tell how you came to know Jesus Christ as your Personal Saviour. \_\_\_\_\_

Are you familiar with the Mennonite Brethren Confession of Faith? (circle one) Yes No

Do you agree with it? \_\_\_\_\_

How has God led you into this ministry? Describe your passion for serving here. \_\_\_\_\_

**CHURCH INVOLVEMENT**

I am a(n) (circle one)      Member      Adherent      How long? \_\_\_\_\_

How often do you attend Sunday worship service? \_\_\_\_\_

Other involvement at KMB \_\_\_\_\_

**REFERENCES**

List the name of a ministry leader in our church as a reference (e.g, pastor, church leadership board member, small group leader, or other). \_\_\_\_\_

Please give the names of two other references who can attest to your work with the ministry you are interested in. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime? If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime against children? If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF RELEASE**

The signing of this form indicates that the information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to release any information they may have regarding my character and fitness to work with children or youth. I release all such references from liability for any damage that may result in furnishing such evaluations.

I have read, understand and agree to abide by the Kitchener Mennonite Brethren Church’s “Safe Place” Guidelines, which refer to children and youth under age 16, people with special needs, and those in counselling situations.

Local and federal police service agencies provide a criminal records check for non-profit organizations. Use of this service helps to insure a safer environment for those to whom we minister, as well as protection for volunteers and compensated staff members, should a false allegation occur. As well, this process is now a requirement for insurance and legal purposes. I will undergo a police check and will provide a record of it to Kitchener Mennonite Brethren Church without delay.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

FOR OFFICE USE ONLY			
Police Reference Check	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Completed on (date) _____
Safe Place Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Completed on (date) _____
Signed _____			