

Knox Presbyterian Church, Manotick, ON (Leading with Care)

TEACHER/CAREGIVER FORM

Personal Information

Full name: (Last/First/Initial) _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Occupation and Employer: _____

Hobbies/Interests/Skills: _____

First Aid qualifications: _____

List activities or volunteer service in which you are/have been involved outside:

List any special courses or training sessions you have completed that would assist you in your ministry role:

How long have you been attending: _____ Are you a member? Yes No

What do you most value about your church/faith? _____

Nursery (birth - 3) School age (4 - 12) Youth (13 - 18) Frail Seniors Mentally challenged Other

Do you have barriers that would affect your ability to carry out this ministry?

No Yes, please explain: _____

References: Please provide the names of two people, excluding relatives, who will provide a reference for you.

Provide one reference from a church member. Please note: all references will be called.

1. Name: _____ Occupation: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

2. Name: _____ Occupation: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Leader Form Covenant of Care Form Police Check Interview Reference Check Training

Updated January 2016