

# Ministry Volunteer Application Form

(Information received is strictly confidential)



Address: 999 McKenzie Avenue, Victoria, BC, V8X 3G8  
Phone: (250) 384-2064  
Fax: (250) 386-2064  
Email: office@extremeoutreach.com  
Web site: www.extremeoutreach.com

## Personal Information

Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Phone number (Res.) \_\_\_\_\_ (Cell.) \_\_\_\_\_

Address \_\_\_\_\_ PC \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer and Occupation: \_\_\_\_\_

Name of Parent/Guardian (if applicant is under 18 years of age) \_\_\_\_\_

Parent/Guardian phone numbers if different from above: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

How long have you been there? \_\_\_\_\_

List your Hobbies, Interests, or Skills: \_\_\_\_\_

Describe your strengths:

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Describe your weaknesses:

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**Christian Experience**

Briefly describe when and how you came to faith in Christ.

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**Training and Experience:**

Have you taken courses to learn about working with kids? If yes, please list them below and attach a copy of the certificate. (i.e. babysitting course, first aid, food safe, lifeguard training, children/youth training)

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Tell us about any experience that you have working with kids:

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Have you ever been in a situation with a kid where you felt that you didn't know what to do? Please explain:

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Have you had any previous ministry or outreach experience? If yes, please list them below.

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## Lifestyle

*In order to provide a safe and secure environment for our children, we believe it is necessary to include the following questions as part of our application process. All information will be kept strictly confidential. (Police may access this information under warrant, if requested.) Answering "yes" to any of the questions may not necessarily preclude your involvement in ministry. **A meeting will be arranged with an Extreme Outreach leader so that you can discuss the circumstances.** Thank you in advance for your understanding.*

If any of the following circumstances apply to you, please check here \_\_\_\_\_

- Have been convicted of a criminal offense involving children.
- Have been convicted of a sexually related crime.
- Have been convicted of an abuse-related crime.
- Have been hospitalized or treated for alcohol or substance abuse.
- Have any communicable diseases.
- In treatment for any form of mental illness.

Do you have any physical conditions that would prevent you performing certain types of activities (lifting children, playing sports)? If so, please explain.

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## References

Please provide the names of two individuals, excluding relatives, who could provide a reference for you. (If you are a minor, you may use the name of a parent and/or teacher.) If possible, include at least one reference from inside the church. **Note:** Pastoral reference is also required – see the attached form.

1. Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

2. Name of Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

## Ministry Profile

Extreme Outreach provides many different outreach and service opportunities. Please let us know how you would like to be involved.

### Super Kids Camp:

- |                                       |  |                                   |
|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Life guard   | <input type="checkbox"/> Kitchen help  | <input type="checkbox"/> Crafts   |
| <input type="checkbox"/> Nurse        | <input type="checkbox"/> Puppets/Drama | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Cabin Leader | <input type="checkbox"/> Games         |                                   |

### Super Kids Program:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Cooking              | <input type="checkbox"/> Set up/tear down | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Puppets/Drama        | <input type="checkbox"/> Crafts           | <input type="checkbox"/> Worship  |
| <input type="checkbox"/> One on one mentoring | <input type="checkbox"/> Games Leaders    |                                   |

### Special Events:

- |  |   |
|--|---|
| <input type="checkbox"/> Outreach Barbeques  | <input type="checkbox"/> New Years Dinner |
| <input type="checkbox"/> Victoria Day Parade | <input type="checkbox"/> Christmas Dinner |

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## WE ARE ALSO LOOKING FOR VOLUNTEERS IN THE FOLLOWING AREAS:

### Extreme Outreach Ministry Office & Housing:

- |                                                |                                        |                                   |
|------------------------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Yard Work             | <input type="checkbox"/> Painting      | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> General Maintenance   | <input type="checkbox"/> Small repairs |                                   |
| <input type="checkbox"/> Administration/Office |                                        |                                   |

### Other:

- |                                       |                                                      |                                      |
|---------------------------------------|------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Intercessors | <input type="checkbox"/> Special Events coordinators | <input type="checkbox"/> Fundraisers |
|---------------------------------------|------------------------------------------------------|--------------------------------------|

## Applicant's Statement

I understand that Extreme Outreach requires a **Criminal Record Check** to be done (if 18 years and over). I will promptly complete a Criminal Record Check at my local police detachment to be submitted to Extreme Outreach. I agree to adhere to the **Child Protection Policy** as adopted by Extreme Outreach Society.

**Waiver Statement:** "I authorize the release of the disclosed reference information by the person completing the reference, and waive any right or privilege to inspect or challenge its contents. I understand that this information will be held in strict confidence by the administrative employees of Extreme Outreach and that it will not be released without the permission of the applicant, except when such disclosure is required by law.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian \*

\* if the applicant is under 18 years of age, the applicant and a parent/guardian must sign

**Thank you for your application. Once we have received your criminal record check and pastors reference we will process your application.**



## Pastoral Reference for Extreme Outreach Society

Strictly Confidential

Dear Pastor, \_\_\_\_\_ has shown interest in volunteering with Extreme Outreach Society. We would greatly appreciate your insight to help us to ascertain where he/she would be best suited for service.

Extreme Outreach ministers to a diverse group of people in our city. One of our primary ministries is called "SUPERKIDS". SuperKids is essentially a children's church service which takes place every Saturday during the school year. Our aim is to share Jesus Christ with unchurched children in the downtown area. We want to provide a safe, secure, and loving environment for them to grow in their relationship with God.

Throughout the year we also provide special events for these children and their families such as a Superkids Camp, Christmas dinner and New Years dinner.

Thank you for taking the time to fill out this application. We would appreciate if you would mail or fax 250-384-2103 it to Extreme Outreach as soon as possible. Please feel free to contact me directly if you have questions or to discuss any details.

Sincerely,

*Cliff Power*

Cliff Power  
Executive Director

Cliff Power  
Executive Director

Extreme Outreach Society  
999 McKenzie Ave.  
Victoria, B.C., V8X 3G8  
Phone: 250-384-2064  
[office@extremeoutreach.com](mailto:office@extremeoutreach.com)  
[www.extremeoutreach.com](http://www.extremeoutreach.com)

**Together We Can Make a Difference**  
Registered Charity # 89221 3414 RR 0001

Pastors name: \_\_\_\_\_

Church: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What are some of the applicant's outstanding qualities (physical/ emotional/ spiritual)?

\_\_\_\_\_  
\_\_\_\_\_

What are some of the qualities the applicant could improve upon?

\_\_\_\_\_  
\_\_\_\_\_

To your knowledge has the applicant used illicit drugs or been involved in inappropriate sexual activity or occult activity in the past 12 months? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you desire to see your children placed under the care of this person? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Please note any other comments or concerns? \_\_\_\_\_

\_\_\_\_\_

Would you

Highly recommend

Recommend with reservations

Recommend

Do not recommend

this applicant to volunteer for The Extreme Outreach Society.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# The Extreme Outreach Society

## MEDICAL INFORMATION

999 McKenzie Ave.  
Victoria, BC V8X 3G8  
Ph: (250) 384-2064  
Fax (250) 386-2064

Website: [www.extremeoutreach.com](http://www.extremeoutreach.com)  
E-mail: [office@extremeoutreach.com](mailto:office@extremeoutreach.com)

*I give Extreme Outreach staff/volunteers permission to seek out all necessary medical advice, and attention in the event of an emergency.*

### PLEASE PRINT

Applicant's Name: \_\_\_\_\_

Name of medical plan: \_\_\_\_\_ BC Care Card Number: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors phone #: \_\_\_\_\_

Allergies  Yes  No If yes, what are they: \_\_\_\_\_

Do you have a medical condition we should be aware of? Yes  No

If yes, what are they: \_\_\_\_\_

Other Comments or Concerns that we should be aware of: \_\_\_\_\_

### Emergency Contact Information: (2 contacts required from different phone numbers)

Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Applicant

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/Guardian \*

\* if the applicant is under 18 years of age, the applicant and a parent/guardian must sign



ASSUMPTION OF RISK FORM
VOLUNTEER or RESIDENT

I, \_\_\_\_\_ Volunteer or am a resident of the Extreme Outreach Society of British Columbia, having a head office in Victoria, British Columbia, warranty and represent and agree that:

- 1. I am a volunteer worker or resident and not an employee or independent contractor of the Extreme Outreach Society of British Columbia.
2. I am aware of the hazards and risks to my person and property associated with serving in a volunteer Christian outreach mission worker capacity or being a resident with the Extreme Outreach Society of British Columbia (hereinafter referred to as "EOS") in the different social situations I may be asked to serve and have inquired into the possible difficult and/or dangerous situations I may find myself as a result.
3. I am aware, as a result, that such hazards and risks include, but are not limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical supplies and services, criminal activity, and random acts of violence.
4. I accept my assignment as a volunteer outreach mission worker or resident with EOS with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release EOS, and its agents, officers, directors, employees and volunteers from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of my participation in any volunteer EOS Christian missions outreach or endeavor, or as a resident. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
5. I certify to the best of my knowledge, I am physically fit and have no medical condition that would in any material way interfere or prevent me from performing my reasonable duties as a volunteer Christian outreach mission worker under the auspices of EOS.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this constitutes, and binding obligation upon me enforceable against me in accordance of its terms.
7. I acknowledge that a representative of EOS has recommended that I obtain independent legal advice from a lawyer of my own choice as to the validity and substance of the terms of this release and, for reasons of my own decision have: decided not to obtain such legal advice; or decided to consult a lawyer of my own choice.
8. I am aware of the hazards and risks to my person associated with participation in EOS as a volunteer Christian outreach mission worker, or resident as described above. I further understand that EOS may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation as a volunteer Christian outreach mission worker or resident with EOS and that if I desire insurance coverage I am responsible for the cost of such insurance.
9. I expressly agree that this Assumption of Risk and Release Agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK RELEASE AND INDEMNITY FORM AND UNDERSTAND ITS CONTEXTS, AND I VOLUNTARILY SIGN THIS ASSUMPTION OF RISK RELEASE AND INDEMNITY FORM AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.
10. The Program Director reserves the right to dismiss myself/my child, who in his/her opinion, a hazard to the safety and the rights of others, or who appears to have rejected the reasonable expectations of the program. Extreme Outreach Society staff/volunteers will do their best to give myself/my child the necessary support and supervision needed and I understand that the safety and health rules will be observed.
11. I give Extreme Outreach staff/volunteers permission to transport myself/my child via vehicle to and from pick up location to the program location. I hereby release Extreme Outreach Society and its staff/volunteers from all claims and damages arising from any accidents or injury caused by myself/my child's participation in the program or by transportation to and from pick up location and program events.
12. Signing this form, gives permission for reasonable photographs or videos of program activities which may include myself/my child to be used in reasonable program promotional materials, brochures and/or placed on a program photo CD.
13. MEDICAL RELEASE - PLEASE READ CAREFULLY
14. To the best of my knowledge, I am (my child is) in good health and physically, emotionally, and socially able to participate in all activities. In case of a medical emergency, I understand that every effort will be made to contact the emergency contact or parents/guardians. In the event that they cannot be reached, I hereby give permission to transport myself/child as named above to medical aid. Also, I hereby give permission to the physician selected by Extreme Outreach to secure proper treatment for myself/child as named above. In the event extraordinary transportation or medical treatment is required, I agree to accept financial responsibility in excess of the benefits allowed by provincial health and medical insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_
Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_
Parent/Guardian \*

Signature \_\_\_\_\_ Date \_\_\_\_\_
Witness

if the applicant is under 18 years of age, the applicant and a parent/guardian must sign

(The parent/guardian submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Extreme Outreach Society, excluding a photocopy of the section of any court order referring to the visitation rights.)

## **POLICE CHECK POLICY FOR VOLUNTEERS**

- Applicant must bring in a signed letter from Extreme Outreach stating they are volunteering for Extreme Outreach and 2 pieces of ID
- Request must be done at their local police station (ie Saanich Police Dept will only look after Saanich residence)
- It takes 3 to 5 business days for the police check to be completed
- As of June, 2006, the Police department will no longer return police checks directly to Extreme Outreach, the applicant must pick them up
- Applicant must return to pick up completed police check, bring with them 2 pieces of ID



## Criminal Record Check

To Whom It May Concern:

This letter is to validate for you and your organization that the following person is listed as a representative of Extreme Outreach Society, an outreach ministry working with children, youth and adults at risk in our community.

Name: \_\_\_\_\_

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

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Extreme Outreach supports individuals, children and families in pursuing whole healthy lifestyles and achieving their long-term goals. We have a Saturday programs for children and youth where we teach them to have strong moral values, learn to say no to drugs and other bad influences and most of all to have fun, adventure and a hope for the future.

Our society number is: S-42202  
Our charity number is: 892213414 RR0001

Thank you for your support.

Sincerely,

*Cliff Power*

Cliff Power,  
Executive Director

Cliff Power  
Executive Director

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