



Program Associate Application Form (Adults)

In our desire to reduce the risk of abuse within LifeNet Ministries Inc. programs, we believe this information is necessary to protect our Children, Youth, Vulnerable Adults and our Volunteers and to effectively place our Volunteers in Program positions. Thank you in advance for your partnership.

Personal Information

Full Name _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (W) _____

Employment & Personal History

Please provide a copy of your employment resume (if you have one) and list the last three employers with whom you have worked, including name and address of employer, dates of your employment, your position, and a contact person.

1. _____

2. _____

3. _____

OR - If you are self-employed, please so indicate and give the name of your business, date of commencement, the nature of your business and your role.

Program Information and Experience

Organizations I attend or have attended in the last five years are as follows:

1. Name of Organization _____ Phone Number _____

Address _____

Dates Attended _____ Member or Adherent _____



Program Information and Experiences (cont'd)

2. Name of Organization _____ Phone Number _____

Address _____

Dates Attended _____ Member or Adherent _____

3. Name of Organization _____ Phone Number _____

Address _____

Dates Attended _____ Member or Adherent _____

4. Name of Organization _____ Phone Number _____

Address _____

Dates Attended _____ Member or Adherent _____

Hobbies, Interests or Skills that could be helpful in volunteering with LifeNet Ministries

List any gifts, training, education or other qualifications that have prepared you to work with Children, Youth or Vulnerable Adults.



Information About Applicant's Suitability to Work with Children, Youth or Vulnerable Adults

In order to provide a safe and secure environment for our Children, Youth and Vulnerable Adults, we believe it is necessary to include the following questions as part of our application process. All information will be kept confidential by LifeNet Ministries Inc. Leadership and the Plan to Protect® team. (Police may access this information, under warrant, if requested.) Answering yes to any of the questions may not necessarily preclude your involvement in Program. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or history that would call into question your ability to work with Children, Youth or Vulnerable Adults? (e.g. senior citizen or person with disabilities) (e.g. use of illegal substances, etc.) Yes No

2. Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (excluding minor traffic violations)? Yes No
If yes, please list offence(s) and the date(s) of conviction: _____

3. Have you ever been expelled, been terminated, or been requested to resign from membership or any position in any organization or by any employer for assault, violence or inappropriate behaviour against a Child, Youth or Vulnerable Person Yes No

4. Have you ever been accused of sexual impropriety with a Child, Youth or Vulnerable Person? Yes No
If yes, please list the dates and outcomes of the accusations and whether the police were involved on a separate sheet.

5. Have you ever been investigated by the Child Welfare Agency or any other organization for suspected child abuse? Yes No

6. Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving Children, Youth or Vulnerable Adults? Yes No

7. Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? Yes No
(Please note such health concerns may not prevent you from holding the position for which you have applied)

8. Do you have any contagious diseases or conditions of which we should be aware, and which we may need to take steps to protect against transmission should you volunteer at LifeNet Ministries Inc.? Yes No

If you have answered yes to any of the above questions, please explain. _____

References



Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside LifeNet Ministries Inc..

1. Name of Reference _____ Phone Number _____
Address _____
Nature of Relationship _____

2. Name of Reference _____ Phone Number _____
Address _____
Nature of Relationship _____

3. Name of Reference _____ Phone Number _____
Address _____
Nature of Relationship _____

Release of Information and Declaration of Intent

I hereby give LifeNet Ministries Inc. consent to verify the information provided by me in this Program Personnel Application Form and to contact the references and current and former employers listed above and to obtain and verify any information from them (and any other persons that LifeNet Ministries Inc. determines might be able to provide relevant information) that may be relevant to my application.

I grant my permission for LifeNet Ministries Inc. to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.

I further grant LifeNet Ministries Inc. permission to perform an internet search on me and to review and consider any information found by me on the internet.

I understand that if LifeNet Ministries Inc. approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in LifeNet Ministries Inc. or for the volunteer position for which I am applying, LifeNet Ministries Inc. may terminate my volunteer service or volunteer position for any reason without advance notice.

If LifeNet Ministries Inc. approves my application for a volunteer position, I will sign any documents that the organization requires and will at all times cooperate fully with the staff of LifeNet Ministries Inc. in the fulfillment of my duties and will keep all confidential information I encounter in my role as a volunteer confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies and procedures of LifeNet Ministries Inc., I will inform the organization and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Program Personnel Application Form is true and correct.

Signature of Applicant _____
Printed Name _____ Date _____

Signature of Witness _____
Printed Name _____ Date _____

Code of Conduct

As a (volunteer / associate) at LifeNet Ministries Inc., we expect all associates to maintain a friendly, respectful and positive attitude towards the rest of the team, to steward our resources, and to treat our equipment with respect. We ask every associate (in whatever capacity) to read, understand and adhere to the guidelines of this Code of Conduct so we can overcome challenges and obstacles when working together in a team setting.

1. Respect and honor the mission and values of LifeNet Ministries Inc..
 2. Respect LifeNet Ministries Inc. property. Always ask for permission and follow instructions before using equipment.
 3. Respect those who have different beliefs, lifestyles and cultures. We have zero tolerance for discrimination or harassment of others on the basis of religion, economic status, disability, age, gender, or social condition.
 4. Direct questions, concerns or requests to Leadership and ask for help when needed.
 5. Volunteers - sign in and out of all volunteer opportunities.
 6. Maintain a lifestyle that reflects positively on LifeNet Ministries Inc. and on our values as an organization.
 7. Maintain the confidentiality of all proprietary or privileged information learned about LifeNet Ministries Inc., its programs, volunteers, staff, community members, partners or others to which they are exposed while serving. Do not reveal sensitive information to anyone outside of LifeNet Ministries Inc. and only share information under the direction of the Board or Senior Leadership.
 8. Do not contact organizations or individuals on behalf of LifeNet Ministries Inc. unless directed by the Board or Senior Leadership. Actions requiring prior approval of the Board include, but are not limited to, public statements to the press, use of our logo, coalition agreements, political initiatives, or lobbying efforts with other organizations.
 9. Avoid engaging in any forms of harassment or abuse. Harassment refers to verbal or physical or sexual conduct that is unsolicited, offensive, and detrimental to an individual. Report any inappropriate behaviour (including harassment) immediately to Senior Leadership or the Board.
 10. Avoiding opportunities to be alone with a vulnerable person and meeting one on one with minors when representing LifeNet Ministries.
 11. Comply with the screening and training policies, Information Release and this Code of Conduct.
 12. Immediately inform LifeNet Ministries Inc. in writing of any status change of your vulnerable sector check result and any recent arrests, or conviction in criminal offences and/or unresolved charges or accusations.
 13. A breach of the Code of Conduct and Covenant of Care could result in progressive steps of discipline, including the possibility of termination of activities with LifeNet Ministries Inc..
- Volunteers – I understand that the volunteer/organization relationship is not a contract of employment and can be terminated at any time by either the volunteer or LifeNet Ministries Inc..

I agree to the LifeNet Ministries Inc. Code of Conduct.

Signature _____

Printed Name _____ Date _____

Covenant of Care

I (Name) _____ have read, understand and agree to comply with all the policies and procedures of LifeNet Ministries Inc. to protect the health and safety of Children, Youth and Adults at all times.

Signature _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening Program Personnel and placing them into Program with Children, Youth and Vulnerable Adults. The information gathered here will be used for the purposes of supporting the programs at LifeNet Ministries Inc.

(For Office Use Only)

Name of Applicant _____

1. Program Interview Date _____

Name of Interviewer _____

2. References Checked Date Completed _____

3. Criminal Record Check Received Date Completed _____

4. Approved Yes No

5. Training Completed (if required) Date Completed _____

6. Annual Training Date(s) (if required)

Date _____

Date _____

Date _____

Date _____