

**APPENDIX A**

**VOLUNTEER REGISTRATION FORM  
FOR MINISTRIES TO CHILDREN & YOUTH & VULNERABLE ADULTS  
Elmira Mennonite Church**

**INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL.**

*In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and to protect our volunteers. Thank you in advance for your understanding.*

**Personal Information**

**Full Name** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **Business Phone Number** \_\_\_\_\_

How long have you attended Elmira Mennonite Church? \_\_\_\_\_ Are you a member? **Y** **N** (please circle one)

If you have attended EMC for less than two years, please provide the name, address, and phone number of your previous church(es), as well as the years you attended.

**Present and Previous Experience with Youth and Children**

(Use the reverse of this page if needed.)

1. List all previous church work involving children/youth or other vulnerable persons within the last five years. Please give name and address of church, pastor or supervisor, type of work and dates.
2. List all non-church work involving children/youth and other vulnerable persons. Please give name and address of organization, supervisor, type of work and dates.
3. Name of two references who are not a relative and who do not attend or work at Elmira Mennonite Church, their relationship to you, and their phone number.

---



---

**Volunteer's Statement**—I hereby acknowledge that the information contained in this application for ministry is correct to the best of my knowledge. I authorize any references or churches listed in this application to give any information they may have regarding my character and fitness for children's or youth ministry and, except in the case of conscious giving of false information, I release all such references from liability for any damage that may result from furnishing such evaluation to EMC. I also acknowledge that I have read and I understand EMC's Safe Church Policy: A Plan to Protect Children, Youth, and Adults, and I agree to comply with the policies and procedures as outlined therein.

\_\_\_\_\_  
Volunteer's name, printed

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**For EMC Office Use**

Reference Name	Date of Contact	Comments