

Trinity Mennonite Church

RR1 Site 17 Box 21, DeWinton, AB T0L 0X0

Volunteer Registration

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Phones: H () C () E-mail Address: _____

How long have you attended TMC? _____

If you have attended less than 6 months, please provide the name, address and phone number of your previous church(es) over the last 2 years as well as the years attended. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Volunteer Commitment:

As leader of a church program I accept:

- partnership with others of the church body. I will covenant myself to practice spiritual disciplines (e.g. Bible reading, prayer, worship attendance, etc.) in order to keep myself open to God's activity, and to share with the faith community in receiving and giving of spiritual counsel;*
- responsibility to prayerfully invite God's Spirit to present opportunities for each participant to experience God's grace, joy and peace. I will seek to understand and respect each participant's spiritual and cultural background, while encouraging growth and development as followers of Jesus;*
- the responsibility that my words and actions reflect Jesus' Good News of healing and hope. My behaviour will be such that promotes the spiritual, emotional, and physical well-being of others in a growing relationship with the body of Christ;*
- the ministry as a relationship of trust. I will provide leadership that builds and maintains trusting relationships, respecting the image of God in individuals and the group as a whole.*

I have read and agree to abide by the terms of the Trinity Mennonite Church Safe Workplace Policy (available online at <http://trinity.mennonitechurch.ab.ca/SafeWorkplacePolicyApproved2012-04-03.pdf>).

Volunteer Name: _____ Volunteer Signature: _____ Date: _____

Council Chair Name: _____ Council Chair Signature: _____ Date: _____

For HR Committee Purposes

Confirm that Police Check has been received and verified that no Criminal Abuse Violation is on record. HR Rep Signature: _____ Date: _____