



Anglican Parish of Hampton

Ministry Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Ministry interested in: **Check all that apply**

Layreader Nursery

Reader Music

Sunday School Greeter

Other _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

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

If this application leads to a volunteer ministry position, I understand that I may need to provide a Criminal/Vulnerable Sector Background Check.

Signature: _____ Date: _____