SCHEDULE "A" to SAFE CHURCH POLICY of Trinity CRC
VOLUNTEER PROFILE FORM

This form must be completed by all volunteers and staff. This form is being used by Trinity CRC to provide a safe and secure environment for everyone. It is available to be filled out online.

1. Email address:
   Your email address here: _____

2. Name:
   Your name here: _____

3. Address:
   _____

4. Phone Number:
   Home: _____ Cell: _____

5. Do you currently have a driver's license? YES / NO

6. Volunteer History: Tell us about any places you have volunteered for that may be applicable to your volunteer role at Trinity CRC.
   _____
   _____
   _____

7. Spiritual Gifts:
   If interested, here is a link to a quiz to find out your Spiritual Gifts:
   https://form.jotform.us/71223564145148

8. God in his grace has given each believer spiritual gifts. Spiritual gifts are special abilities given by Christ through the Holy Spirit to empower believers for the ministries of the body. What are your strongest gifts? Check 3-5.

   □ Administration
   □ Creative Ability
   □ Discernment
   □ Encouragement
   □ Evangelism
   □ Faith
   □ Giving
   □ Healing
   □ Hospitality
   □ Intercession
   □ Knowledge

□ Leadership
□ Mercy
□ Miracles
□ Prophecy
□ Service (helping)
□ Shepherding (pastoring)
□ Teaching
□ Tongues (speaking and interpretation)
□ Wisdom

9. Below is a list of some ministries and committees we have at Trinity. Please check the boxes below in which areas you are gifted in. Check all that apply.

□ Nursery
□ Wee Worship
□ GEMS
□ Cadets
□ Youth
□ Community Corner
□ Coffee Break
□ Prayer Group
□ Disability Concerns
□ Mosaic Centre/The Mustard Seed
□ Education Committee
□ Stewardship Committee
□ Safe Church Committee
□ Kitchen Organizing Committee
□ Décor Committee
□ Fun-raising committee
□ COA
□ Worship Committee
□ Admin
□ Library
□ Sound
□ Projection
□ Council – Shepherding Elder
□ Council – Guiding Elder
□ Council – Adjunct Elder
□ Council – Deacon

10. What do you do to de-stress?

    _____

    _____

    _____

11. How can the Safe Church Committee/church support you?

    _____

    _____

    _____

12. References may be requested. Do you have at least two reliable references we may contact, if necessary?

    Yes/No

The information contained in this form is correct to the best of my knowledge. If needed, I authorize my references to give you any information (including opinions) they have regarding my character and fitness for volunteer work. By typing my name below, I understand I am signing this document.

Signature or Candidate/Volunteer/Staff: _____

(Please print you name): _____

Date: _____