

# THRESHOLD MINISTRIES

## Volunteer Application Form

### CONTACT DETAILS

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(APARTMENT NUMBER - STREET NUMBER AND NAME)

(CITY)

(PROVINCE)

(POSTAL CODE)

**Telephone:** \_\_\_\_\_ **or** \_\_\_\_\_  
(PRIMARY NUMBER) (SECONDARY NUMBER)

**Email:** \_\_\_\_\_

### PERSONAL DETAILS

**Date of Birth:** \_\_\_\_\_  
DD/MM/YY

### EDUCATION

Dates	Name of School, College, etc.	Highest Level Achieved

### CHURCH & CURRENT INVOLVEMENT

**Name of your Parish/church/Christian Community:** \_\_\_\_\_

**Name of your Denomination:** \_\_\_\_\_

**What are the roles/ responsibilities that you have undertaken within a church context?**

\_\_\_\_\_

**How did you find out about Threshold Ministries and Volunteering?**

\_\_\_\_\_

**What do you understand the work of Threshold Ministries to be?**

\_\_\_\_\_

**What Area of Work within Threshold Ministries would you like to be involved with?**

\_\_\_\_\_

**PREVIOUS VOLUNTEERING EXPERIENCE**

*We would like to know about any previous experience you may have.*

<b>Date</b>	<b>Description</b>	<b>What you did you do?</b>

**HOBBIES & PASTIMES**

**What are your leisure interests and what attracts you to them? Please include membership of any clubs, societies, etc.**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

*Please give the name and address of 3 references. One should be your parish priest/minister/pastor.*

**Reference 1: Your Parish Priest/Minister**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(APARTMENT NUMBER - STREET NUMBER AND NAME)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(PROVINCE)

\_\_\_\_\_  
(POSTAL CODE)

**Telephone:** \_\_\_\_\_ **or** \_\_\_\_\_  
(PRIMARY NUMBER) (SECONDARY NUMBER)

**Email:** \_\_\_\_\_

**Reference 2:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(APARTMENT NUMBER - STREET NUMBER AND NAME)

\_\_\_\_\_  
(CITY) (PROVINCE) (POSTAL CODE)

**Telephone:** \_\_\_\_\_ **or** \_\_\_\_\_  
(PRIMARY NUMBER) (SECONDARY NUMBER)

**Email:** \_\_\_\_\_

**Reference 3:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(APARTMENT NUMBER - STREET NUMBER AND NAME)

\_\_\_\_\_  
(CITY) (PROVINCE) (POSTAL CODE)

**Telephone:** \_\_\_\_\_ **or** \_\_\_\_\_  
(PRIMARY NUMBER) (SECONDARY NUMBER)

**Email:** \_\_\_\_\_

**Please sign and return this form to contact information below.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
DD/MM/YY

**Threshold Ministries**  
Attention: Volunteers  
105 Mountain View Drive  
Saint John, NB E2J 5B5

Fax: (506) 657-8217  
Email: [volunteers@thresholdministries.ca](mailto:volunteers@thresholdministries.ca)