



Winter 2009

Dear Applicant:

Thank you for your interest in volunteering with Toronto City Mission. We look forward to meeting you in person so that together we can explore the possibility of finding a good match for you and for Toronto City Mission.

Enclosed are the forms required to apply for a volunteer position. Please complete them and give them to one of our community workers or deliver or mail them to Toronto City Mission, Attention: Ellie Duiker, 608 Spadina Ave, Toronto, Ontario, M5S 2H4. Our website at www.torontocitymission.com gives information about our mission and includes descriptions of some of our programs. Feel free to check it out and if one of the programs catches your interest and you would like more information you can get in touch with the community workers listed there or call me at 416-922-6223.

Just a little explanation about our locations: Our central office is located at 608 Spadina Avenue (Bloor & Spadina) and that's where our administrative and support staff is located. Then we have five ministry sites which are located at Willowtree (Yonge & Finch), St. James Town (Bloor & Sherbourne), Bridletowne (Finch & Warden), Malvern (Neilson & Sheppard) and Jane-Finch - with two full-time community workers and many volunteers at each site.

We hope that you will prayerfully consider joining our volunteer team. Toronto City Mission is committed to providing a safe and secure environment for all our program participants and volunteers. Therefore, we do carefully screen all our volunteers. This means that, after completing and returning the enclosed application forms, we would like to meet you in a personal interview, check your references, and for some programs we also require you to clear a police records check and/or to sign a statement of faith. You will also be required to attend an orientation and training session to prepare you for your volunteer position at the mission.

If you have any further questions about our programs, or about Toronto City Mission in general, please feel free to contact me by phone at 416-922-6223, by e-mail at eduiker@torontocitymission.com, or by stopping by the mission. TCM's hours are 9:00 a.m. to 4:00 p.m. Monday through Friday.

Sincerely,

Ellie Duiker,
Coordinator of Volunteer Resources

References

Please include three people who will be able to give an accurate profile of your character. This list should include [1] a pastor, minister or youth worker, [2] an employer, volunteer supervisor or teacher and [3] a peer-level personal acquaintance. (References should not include your family members, relatives, or TCM staff members.)

1. Name _____ Phone _____

Position _____ E-mail _____

2. Name _____ Phone _____

Position _____ E-mail _____

3. Name _____ Phone _____

Position _____ E-mail _____

Name and Address of your Church (if you attend regularly) _____

I hereby certify that the facts given on this application are true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer and portions of this application are found to be false, it is sufficient cause for my dismissal. I understand that to become a volunteer at Toronto City Mission will require a personal interview, good references, and some positions may require a clean police reference check and/or a signed statement of faith.

Signature _____ Date _____

Staff Name _____ Date _____

Signature of Parent or Guardian _____
(only required if applicant is under 18 years of age)

FOR OFFICE USE ONLY

Contacted Date _____ By _____

Interviewed Date _____ By _____

References Checked

1. _____ (Name) Date _____ By _____

2. _____ (Name) Date _____ By _____

3. _____ (Name) Date _____ By _____

Police Reference Check Completed Date _____

Placement _____ Date _____

Toronto City Mission - Reference Form

Employer, Volunteer Supervisor, or Teacher

Name of Applicant: _____

Type of Position Applying For _____

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? _____

In what capacity do you know him/her? _____

General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant the kind of person you would entrust with the care of children or youth?

Yes No

Please comment. _____

Please describe the applicant's most relevant strengths and weaknesses in light of the position mentioned at the top of this reference form.

Is there any further information which would assist us in the consideration of this applicant?

Please comment. _____

Thank you for assisting us by filling out this form.

THIS FORM IS CONFIDENTIAL. PLEASE MAIL IT DIRECTLY TO:

Toronto City Mission
Attention: Coordinator of Volunteer Resources
608 Spadina Avenue
Toronto, Ontario
M5S 2H4
Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference _____ Position _____

Address _____

Telephone () _____

E-mail Address _____

Signature _____ Date _____

Toronto City Mission - Reference Form

Pastor, Minister, or Youth Worker

Name of Applicant: _____

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? _____

In what capacity do you know him/her? _____

Do you feel the applicant has an active and vital relationship with Jesus Christ? How is this demonstrated to others both within and outside the Christian community?

How is he/she involved in Christian service?

Please comment on the theological soundness and spiritual maturity of the applicant:

General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any reason why this person would not be an effective volunteer at Toronto City Mission?

Yes No

Please comment. _____

Is the applicant the kind of person who you would entrust with the care of children or youth?

Yes No

Please comment. _____

Is there any further information that would assist us in the consideration of this applicant?

Please comment. _____

Thank you for assisting us by filling out this form.

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Toronto City Mission

Attention: Coordinator of Volunteer Resources

608 Spadina Avenue

Toronto, Ontario

M5S 2H4

Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference _____ Position _____

Address _____

Telephone () _____

E-mail _____

Signature _____ Date _____

Reference Form - Toronto City Mission

Personal Acquaintance

(Personal reference must be someone other than a family member or TCM staff member)

Name of Applicant: _____

Applying For Position of: _____

The individual named above has applied to volunteer with Toronto City Mission. Your name has been given as a reference. We would appreciate your honest and complete evaluation of the applicant. Feel free to use other paper to explain or continue your comments where necessary.

How long have you known the applicant? _____

In what capacity do you know him/her? _____

General Qualities

	Above Average	Average	Fair	Poor
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Assume Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant the kind of person you would entrust with the care of children or youth?

Yes No

Please comment. _____

Please describe the applicant's most relevant strengths and weaknesses in light of the position mentioned at the top of this reference form.

Is there any further information that would assist us in the consideration of this applicant?

Please comment. _____

Thank you for assisting us by filling out this form.

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Toronto City Mission
Attention: Coordinator of Volunteer Resources
608 Spadina Avenue
Toronto, Ontario
M5S 2H4
Tel. (416) 922-6223 Fax. (416) 924-3071

Name of Reference _____ Position _____

Address _____

Telephone () _____

E-mail Address _____

Signature _____ Date _____

Toronto City Mission

STATEMENT OF FAITH

All members of the TCM team join together in affirming the following statement of faith. A condition of permanent employment is the ability to wholeheartedly affirm this statement.

The Toronto City Mission believes that:

1. The canonical Scriptures of the Old and New Testament are "God's Word written inspired, authoritative and trustworthy, sufficient for salvation, living and powerful" as God's guidance for belief and behaviour.
2. There is one God, eternally existent in three Persons: Father, Son and Holy Spirit.
3. Our Lord Jesus Christ is God manifest in the flesh; we affirm His virgin birth, sinless humanity, divine miracles, bodily resurrection, ascension, ongoing mediatorial work, and personal return in power and glory.
4. The salvation of lost and sinful humanity is possible only through the merits of the shed blood of the Lord Jesus Christ, received by faith apart from works, and is characterized by the regeneration by the Holy Spirit.
5. The Holy Spirit enables believers to live a holy life, to witness and work for the Lord Jesus Christ.
6. The Church, the Body of Christ, consists of all true believers.
7. Those who accept Christ as Lord and Saviour will spend eternity with God and enjoy His glory and riches.

I have carefully read the Statement of Faith, and affirm my wholehearted agreement with it.

<i>Signature</i>	<i>Date</i>
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For occasional volunteers and others who participate in our programs but are unable to commit to the above statement;

I agree that I will not do anything to contradict the above Statement of Faith and I understand that I will not be asked to teach Christian studies.

<i>Signature</i>	<i>Date</i>
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Please print your name here

Adopted by the Board of Directors, March 1996

Revised: January 26th, 2006