



CONGREGATIONAL REPRESENTATIVE APPLICATION FORM

Contact Information

Name	
Address	
City, Province, Postal Code	
Home Phone	
Cell Phone	
E-mail Address	<input type="checkbox"/> <i>I give the Canadian Bible Society permission to contact me by email</i>

Church Contact Information

Name of Church	
Address of Church	
City, Province, Postal Code	
Church Number / E-mail	<input type="checkbox"/> <i>As our church representative, I give the Canadian Bible Society permission to send us information through email</i>



Canadian Bible Society Société biblique canadienne

About You

Why do you want to volunteer with the Canadian Bible Society (as a Congregational Representative)?

In what previous capacities have you served with your current church that you will be representing?

Do you have any previous/current involvement with the Canadian Bible Society?

Is there anything else you would like us to know?



References

Please provide two of the following references:

Reference #1: Pastor/Leader from your church that you will be representing

Name	
Phone Number	
E-mail Address	

Reference #2: Character reference

Name	
Phone Number	
E-mail Address	

Emergency Contact Information

Please provide us with an individual to contact, if in case of an emergency.

Name	
Relationship	
Address	
City, Province, Postal Code	
Home Phone	
Cell Phone	
E-mail Address	



Canadian Bible Society Société biblique canadienne

Agreement

I hereby certify that the information provided in this application is true and trustworthy. I understand that any false declaration and/or omission will result in the cancelation of my status as a volunteer and/or congregational representative for the Canadian Bible Society.

Signature	
Date	

Thank you for getting involved with our ministry!

Signature	
Date	