

MINISTRY AGREEMENT – Office Copy

I understand that Church in the Oaks is responsible for the welfare of any person entrusted to my care and I will therefore co-operate fully with the staff in the fulfilment of my duties, and will keep any sensitive information I encounter in Ministry confidential. If at any time I find that I am unable to comply with the policies, procedures, or practices of Church in the Oaks and am unable to resolve these issues with leadership, I will gracefully resign my position.

If I fail to live a life consistent with God’s word so that my witness, the reputation of the Name of Christ, or the integrity of Church in the Oaks is compromised, I will withdraw from my position of ministry and if desired, submit to a process of restoration.

Date: _____

Name: (Please Print): _____

Ministry position involvement: _____

Ministry Season (September – August)

Starting Date:

Month _____ Day _____, Year _____

Ending Date:

Month _____ Day _____, Year _____

I acknowledge that I have read and understood this ministry agreement and am duly set to abide by its boundaries of personal responsibility.

Signature: _____

***Office Use Only:**

Date Received: _____

Ministry Area: _____

Service History at Church in the Oaks: _____

Comments: _____

****Please return (only) this completed page to Church in the Oaks’ office. Thank-you***