

**Anglican Church of Canada  
Diocese of Fredericton**

**Regulation 4-4: Diocesan Safe Church**

**Schedule A – Risk Management Guide**

**Appendix 2 – Forms for Ministry Position Descriptions: (Blank) Form**

*(Insert your organization name here and adapt as needed)*

**POSITION REQUIREMENTS**

**Title of the Ministry Position:** \_\_\_\_\_

**Location of the Ministry:** \_\_\_\_\_

**Risk-Rating** (Appendix 1, Schedule A: [Risk Management Guide](#)): \_\_\_\_\_

**Responsible to:** (Name and Title of the Supervisor) \_\_\_\_\_

**Responsible for:** (Specify Children, Youth, Vulnerable Adults, and the Typical Number of Each Group): \_\_\_\_\_  
\_\_\_\_\_

**Goals of the Ministry:** (Insert mission statement of the ministry program here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Description of the Ministry Position:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Roles, Responsibilities and Tasks:** (Specify the expectations of each for this position)

*Primary Roles:*

- 1)
- 2)
- 3)

*Primary Responsibilities:*

- 1)
- 2)
- 3)

*Primary Tasks:*

- 1)
- 2)
- 3)
- 4)
- 5)

**Type of Remuneration** (Circle one: Paid-Stipend; Paid-Salary, Paid -Hourly Rate; Unpaid);

**Duration of the Appointment:** (Specify Start Date and Expected end Date of the Appointment)

Start Date: \_\_\_\_\_  
(yyyy/mm/dd)

Duration of Appointment: (Specify the Number of Months / Years after the Start Date, or 'No Limit')

\_\_\_\_\_  
**Schedule and Commitment Requirements** (Specify):

**PASTORAL AND MINISTERIAL GIFTS**

**Ordained Ministry:** (In consultation with an Episcopal Directive, if available, select those that apply for this position; more than one may be selected if appropriate)

Priest; Deacon

**Lay-Ministry:** (Select those that apply for this position; more than one may be selected if appropriate)

Lay-Reader; Parish Nurse, Health Ministry, Lay-Eucharist Minister, Christian Education Ministry, Youth Ministry, Home and Hospital Visitation Program Ministry, Other:  
\_\_\_\_\_ (specify)

**SKILLS, QUALIFICATIONS AND TRAINING REQUIREMENTS**

**Knowledge** (Specify minimum requirements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trades Skills** (Specify minimum requirements):

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**Minimum Trades or Professional Qualifications** (Specify required Degrees, Diplomas, Certifications and/or Licenses): \_\_\_\_\_

**Minimum Language and Numerical Skills:**

Language -Written Communication (Specify) \_\_\_\_\_

Language - Verbal Communication (Specify) \_\_\_\_\_

Language – Reading (Specify) \_\_\_\_\_

Numerical Skills (Specify Level of Ability: None or Limited; Basic; Advanced; Not Applicable): \_\_\_\_\_

**Computer and Cell Phone Skills** (Specify Level of Ability: None or Limited; Basic; Advanced; Not Applicable):

Computer Skills: \_\_\_\_\_

Cell Phone Skills: \_\_\_\_\_

**Leadership Skills** (Specify Level of Ability: None or Limited; Basic; Advanced; Not Applicable): \_\_\_\_\_

**Time Management and Organizational Skills** (Specify Level of Ability: None or Limited; Basic; Advanced; Not Applicable):

Time Management Skills: \_\_\_\_\_

Organizational Skills: \_\_\_\_\_

**Project Management Skills** (Specify Level of Ability: None or Limited; Basic; Advanced; Not Applicable): \_\_\_\_\_

**Interpersonal Relationship Skills** (Specify Level of Ability for each category: None or Limited; Basic; Advanced; Not Applicable):

Children \_\_\_\_\_

Youth \_\_\_\_\_

Adults \_\_\_\_\_

Vulnerable Adults \_\_\_\_\_

Disabled Persons \_\_\_\_\_

**Training Requirements**

Description of Training: \_\_\_\_\_

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Date(s) of Training Offered (if known): \_\_\_\_\_

(yyyy/mm/dd)

Name of Trainer or Primary Contact: \_\_\_\_\_

Limits on Pre-Training Duties (If Any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MINIMUM EXPERIENCE REQUIREMENTS**

**Direct Experience:** (Specify and Give Dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indirect, Church-Related Experience** (Specify and Give Dates);

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indirect Non-Church Related Experience** (Specify and Give Dates):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Expectations for this Ministry Position:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**End of Form**