

2.3.4. Staff and Volunteer Application and Registration Form and Safe Ministry Screening Questionnaire

For staff and volunteers aged 18 and over

Please Note: This is a **sensitive** document that must be stored in a confidential manner accessible only by a limited number of authorised persons.

PERSONAL DETAILS

Surname: ...............................................................................................................................

Given Names:.........................................................................................................................

Previous Name/s (if applicable):.............................................................................................

Date of Birth: .............../............/.............................. Male/Female  .......................

Address: ................................................................................................................................

Phone: .............................................................Email:  ..........................................................

WWCC / WWVP Number (if required):  ................................................................................

Do you have any health conditions that we should know about? .......................................... ................................................................................................................................................

How long have you been attending this church? ...................................................................

Which service do you normally attend? .................................................................................

How are you currently involved in church life? .......................................................................

What ministry would you like to be involved in? .....................................................................

What work would you like to perform? ...................................................................................

Please describe any ministry groups you have previously been involved in:

(within this church/other churches/schools ministries etc.) ....................................................

................................................................................................................................................

Please indicate any previous training, experience and or qualifications you have that is relevant eg. First aid certificate...............................................................................................

................................................................................................................................................

**Please circle either “YES” or “NO” for each of the following questions**. If you answer “yes” to any of the following questions, please give details on a separate page or discuss with the Senior Pastor or the person holding an equivalent leadership role in your church. **A ‘yes’ answer will not automatically rule an applicant out of selection.**

Please note that, if you disclose any potentially criminal actions, the church may need to report this information to the police or other relevant government authorities.

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| --- | --- |
| **For all staff and volunteers** | |
| 1. Have you ever been charged with and/or convicted of a criminal offence? | Yes / No |
| 1. As an adult (18+ years) have you ever engaged in any of the following conduct: |  |
| * + sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate) | Yes / No |
| * + use, possession, production or distribution of child abuse material? | Yes / No |
| * + sexual contact with a person under the relevant age of consent | Yes / No |
| 1. To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct? | Yes / No |
| 1. Have you ever had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking, etc? | Yes / No |
| 1. Have you had a history of alcohol abuse or substance abuse (including prescription, over-the-counter, recreational or illegal drugs)? | Yes / No |
| 1. (If the ministry role may involve driving) Has your driver’s licence ever been revoked or suspended? | Yes / No |

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| **For staff and volunteers in pastoral ministry, leadership or engaged in child-related work or work with vulnerable adults** | |
| 1. Have you ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country? | Yes / No |
| 1. Has a child or dependent young person in your care ever been removed from your care by relevant authorities? | Yes / No |

**CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of church | Location | When (Month/Year) | Any positions held |
|  |  |  |  |
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|  |  |  |  |

**REFEREES**

Please provide details of two referees who are over eighteen years of age and able to give a verbal report on your character and suitability for ministry. Referees may be part of the church.

**Referee 1**

Name: ............................................................... Phone:  ..........................................................

Relationship: ...............................................................

**Referee 2**

Name: .............................................................. Phone:  ..........................................................

Relationship: ...............................................................

**Drivers Registration** (to be filled in by those providing transport only)  
Do you hold a current drivers licence? Yes No 

Drivers Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licence Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Licence: (please circle) Car Bus Truck

Is your vehicle registered and Insured? Yes  No 

Have you been involved in any motor vehicle accidents or been convicted of any traffic offences (other than parking) in the past five years? Yes  No 

If yes provide details:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKING WITH CHILDREN CHECK  AND/OR NATIONAL POLICE CHECK**

I consent to \* verification of my WWCC number (in NSW, if required)  
\* a National Police Check (for staff only)

**CONSENT TO HOLD INFORMATION**

I consent to the information contained in this application, including any subsequent pages, to be kept by our church. I understand that this information will be kept in a confidential file and used only for screening purposes.

**DECLARATION**

I,.................................................................................. sincerely declare that:

* The information I have provided in this application is true and correct to the best of my knowledge and belief.
* I understand that if I provide false or misleading information or withhold relevant information from this questionnaire, the church leadership may determine that I am unsuitable to serve in any role in the church.
* I have received a copy of the *Code of Conduct* and *Confidentiality Agreement* and am willing to uphold these documents.

Applicant’s signature: ..........................................................................Date: ........................

**Church Use Only**

CSS Training undertaken: (date of training) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WWCC/WWVP No. supplied Yes / NA Expiry date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if in NSW) WWCC Verified by:(name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Signed *Code of Conduct* received by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Entered onto Safe Church Register by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Interview led by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Referee Checks conducted by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Volunteer Endorsement\* by (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ On (date):\_\_\_\_\_\_\_\_

Induction led by (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

*\*Volunteers must be endorsed by a member of pastoral staff, governance group or safe church team*

*. Full records of the above processes (including interview notes, referee check comments and induction content) should be kept in the relevant staff and volunteer admin file.*



Safe Ministry Screening Questionnaire

For anyone aged under 18 serving as a volunteer or a junior volunteer/helper.

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PERSONAL DETAILS

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Given Names:.........................................................................................................................

Previous Names (if applicable) ..............................................................................................

Date of Birth: ........./............/.............. Male/Female  .............................................

Phone/s: ...................................................... .........................................................................

Address: ................................................................................................................................

Email:  ....................................................................................................................................

Do you have any health conditions that we should know about? ......................................... ................................................................................................................................................................................................................................................................................................

Name of at least one Parent/Guardian:  ………......................................................................

Contact Phone for Parent/Guardian:  .....................................................................................

Please circle either “YES” or “NO” for each of the following questions. If the answer to any of the following questions is “yes”, please give details on a separate page or discuss with the Senior Pastor or the person holding an equivalent leadership role in your church.

**A ‘yes’ answer will not automatically rule an applicant out of selection.**

**Please note that, if you disclose any potentially criminal actions, the church may need to report this information to the police or other relevant government authorities.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever been charged with and/or convicted of a criminal offence? | | Yes / No | |
| 1. Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs? | | Yes / No | |
| 1. To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct? | Yes / No | |

**CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of church | Location | When (Month/Year) | Any positions held |
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* I have received a copy of the *Code of Conduct* and am willing to uphold it.

Applicant’s signature: .............................................................................Date: ........................

PARENT GUARDIAN SIGNATURE

Name of parent/guardian:  ...................................................................................................

Signature:   ..................................................................................................Date:.....................

**Church Use Only**

Parental Consent obtained (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date): \_\_\_\_\_\_\_

WWVP number (16/17 yo in ACT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date): \_\_\_\_\_\_\_

CSS Training undertaken (for 16/17 yo in non-junior roles): On (date): \_\_\_\_\_\_\_

Interview led by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Referee Checks conducted by: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Senior Leadership Endorsement (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Entered onto Safe Church Register: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

Induction led by (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On (date):\_\_\_\_\_\_\_\_

*\*Volunteers must be endorsed by a member of pastoral staff, governance group or safe church team*

*Full records of the above processes (including interview notes, referee checks and induction content) should be kept in the relevant staff and volunteer admin file.*