

To be completed by volunteers over 18 years of age.

Personal Details

Title:		Gender:	M / F	Date of Birth:	/	/
Surname:						
Christian names:						
Marital Status:		Previous name:				
Address:						
Phone:	H:	W:	M:			
Email:						
Position applied for:						
Parish:						

Please circle either "YES" or "NO" for each question

If the answer to any of the following questions is "yes", please give details on a separate page if necessary. NOTE: A 'yes' answer will not automatically rule an applicant out of selection.

1. Do you have any health problem(s), which may affect you volunteering for the church? Yes / No
2. Have you ever been charged with and/or convicted of a criminal offence? Yes / No
3. Have you ever engaged in any of the following conduct, even though never having been charged? Yes / No
 - sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)
 - sexual contact with a person under the age of consent
 - illegal use, production, sale or distribution of pornographic materials
 - conduct likely to cause harm to people, or to put them at risk of harm.
4. Have you done anything in the past or present that may result in allegations being made against you of abuse? Yes / No
 Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse. Against a child or an adult.
5. To your knowledge, have you ever been the subject of an allegation of sexual abuse or sexual misconduct? Yes / No
6. 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
7. 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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?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
8. Has a child or dependent young person in your care (as a parent or in any other capacity) ever been removed from your care, or been the subject of a risk assessment by the authorities? Yes / No
9. Has your driver's licence ever been revoked or suspended? Yes / No
10. Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs? Yes / No

Record of Christian Church Membership *(if in the congregation less than 3 years)*

Church Name	Location	Duration	Positions Held

Character References *(If you have been at your church less than 3 years)*

Please provide two referees. Referees must be over eighteen years of age and be able to give a report (by telephone only) on your good character and suitability for ministry.

For each referee, please provide name, phone number and your relationship with them.

Referee 1:

Referee 2:

Working with Children Check *(from 2014)*

Check No: Exp Date:

Verified by: Date: Result: CLEARED / BARRED

Consent & Declaration

I hereby consent to an Australian Federal Police Check if the Diocese wishes to complete this process on me.

Consent to hold information: I consent to the information contained in this application including the subsequent pages to be kept by the Parish and/or Diocese. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.

I,

of

Do solemnly and sincerely declare that:

1. The information I have provided in this application and the information contained in any documents accompanying this application are true and correct to the best of my knowledge and belief.
2. I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a particular or any office in the church.

Applicant's signature: Date:

WITNESS:

Name & office:

Signature: Date:

Endorsement (Senior Minister to sign):

Note: Please seek legal advice if you are uncertain about signing this document.