



Safe Ministry Check (Questionnaire for Volunteers over 16 years)

PERSONAL DETAILS

Surname: Christian Names:

Male Female Previous Names: Marital Status:

..... Date of Birth: Address:

..... Mobile Phone:

Email: Home Phone:

..... Work Phone:

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. As an adult (18 yrs) 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
 - sexual contact with a person under the age of consent Yes / No
 - illegal use, production, sale or distribution of pornographic materials Yes / No
 - conduct likely to cause harm to people, or to put them at risk of harm Yes / No
4. Have you done anything in the past or present that may result in allegations being made against you of abuse?

Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse against a child or an adult.

 Yes / No
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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?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 Has your driver's licence ever been revoked or suspended?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)

List church organisations, churches, congregations with which you have been associated (attach page if necessary): Name of church

Location
Positions held

When (Month/Year)

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.

Referee 1

Name: Phone:

State your relationship with this person:

Referee 1

Name: Phone:

State your relationship with this person:

CRIMINAL HISTORY CHECK AND/OR WORKING WITH CHILDREN CHECK

I hereby consent to an Australian Federal Police Check if one is considered necessary for my role.
Working with Children Check number (WWVP in the ACT) for verification when necessary for my role:

NUMBER _____ Verification Date: _____

CONSENT TO HOLD INFORMATION

I consent to the information contained in this application including the 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 and disciplinary purposes.

DECLARATION

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.
3. I have received a copy of the Code of Conduct relevant to my role, and I agree to uphold it.

Applicant's signature:

Date declared:

WITNESS TO THE APPLICANT'S CHECK

Name and office of witness:

Signature:

Date:

Endorsement of the senior leadership for this person to volunteer:

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