

Safe Ministry Screening Questionnaire

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

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 Names (if applicable)	
Date of Birth:/	Male/Female
Phone/s:	
Address:	
Email:	
Do you have any health conditions that we sho	
Name of at least one Parent/Guardian:	
Contact Phone for Parent/Guardian:	
Please circle either "YES" or "NO" for each of the fo	ollowing questions. If the answer to any of the

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
2	Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs?	Yes / No
3	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
REFEREES			
			rs of age and able to give a es may be part of the church.
Name:		Phone:	
Referee 2 Name:		Phone:	
CONSENT TO HOLD IN consent to the informat kept by our church. I und only for screening purpo	ion contained in th derstand that this ir	is application, including nformation will be kept	g any subsequent pages, to be in a confidential file and used
DECLARATION			
knowledge and be I understand that from this question any role in the chu	have provided in t lief. if I provide false on naire, the church le rch.	this application is true a r misleading information	and correct to the best of my on or withhold relevant information ne that I am unsuitable to serve in
Applicant's signature:			Date:
PARENT GUARDIAN SI Name of parent/guardiar			
			Date:
	C	Church Use Only	
Parental Consent obtai	ned (name):		On (date):
VWVP number (16/17 CSS Training undertak	yo in ACT)	n non junior rolog\:	On (date):
nterview led by: (name	en (101-16/17-yo 1	ir non-junior roles).	On (date): On (date):
Referee Checks condu			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.

Senior Leadership Endorsement (name)

Induction led by (name) _

Entered onto Safe Church Register: (name)

On (date):

On (date):_

On (date):__