### Insert Church Logo Here

## **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):	
Phone:Email:	
WWCC / WWVP Number (if required):	
<u>Please outline any health</u> Do you have any health conditions that we should k	now
aboutmay affect your volunteer role?	
	•••••
Please circle either "YES" or "NO" for each of the following questions. If you a any of the following questions, please give details on a separate page or discuss of Pastor or the person holding an equivalent leadership role in your church. A 'yes' at automatically rule an applicant out of selection.  Please note that, if you disclose any potentially criminal actions, the church may nee information to the police or other relevant government authorities.	vith the Senion
For all staff and volunteers	
1. Have you ever been charged with and/or convicted of a criminal offence?	Yes / No
<ol><li>As an adult (18+ years) have you ever engaged in any of the following conduct:</li></ol>	
<ul> <li>sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)</li> </ul>	Yes / No
<ul> <li>use, possession, production or distribution of child abuse material?</li> </ul>	Yes / No
<ul> <li>sexual contact with a person under the relevant age of consent</li> </ul>	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
4. 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

# For staff and volunteers in pastoral ministry, leadership or engaged in child-related work or work with vulnerable adults

5. Have you had a history of alcohol abuse or substance abuse (including

(if the ministry role may involve driving) Has your driver's licence ever been

prescription, over-the-counter, recreational or illegal drugs)?

7. Have you ever had permission to undertake paid or voluntary work with	Yes / No
children or other vulnerable people refused, suspended or withdrawn in	
Australia or any other country?	

revoked or suspended?

Yes / No

Yes / No

	ependent young pelevant authorities?	rson in your care ever b	een removed from	Yes / No
CHURCHES YOU HA	AVE ATTENDED	REGULARLY IN THE	PAST 3 YEARS	
Name of church	Location	When (Month/Year)	Any positions held	
report on your characte Referee 1 Name: Referee 2 Name:	r and suitability for i		pe part of the church	n.
		VWCC number (in NSW Check (for staff only)	, if required)	
	ation contained in the address and that this in the address and that this in the address are also are also are a	is application, including nformation will be kept in		
<ul> <li>The information knowledge and b</li> <li>I understand that from this question any role in the ch</li> </ul>	I have provided in telief.  at if I provide false of the church leading.	sincerely deception is true and this application is true and the misleading information and eadership may determine of Conduct and am willing.	nd correct to the beson or withhold relevante that I am unsuitable	t information
Applicant's signature:			Date:	

Church Use Only		
CSS Training undertaken: (date of training)		
WWCC/WWVP No. supplied Yes / NA Expiry date	On (data):	
(if in NSW) WWCC Verified by:(name) Signed Code of Conduct received by: (name)	On (date): 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 individual's personnel file.		

## Insert Church Logo Here

# **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:		
Please outline any Do you have any health conditions that may impact your verole? 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 report this information to the police or other relevant government authorities.	may need to	
Have you ever been charged with and/or convicted of a criminal offence?	Yes / No	
Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs?	Yes / No	
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-			
Please provide details of		o are over eighteen years ministry. Referees may l	s of age and able to give a verbal be part of the Cehurch.
		Phone:	
		Phone:	
	ion contained in the derstand that this		any subsequent pages, to be n a confidential file and used
DECLARATION			
<ul> <li>The information I knowledge and be</li> </ul>	have provided in lief.	• •	nd correct to the best of my
	naire, the church I		or withhold relevant information e that I am unsuitable to serve in
		e of Conduct and am willi	ng to uphold it.

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):
	,

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

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