



# Safe Ministry Screening Questionnaire

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

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 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
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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**

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: .....

**Referee 2**

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

**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 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.*