



Volunteer Application Form (Schedule 4)

PERSONAL DETAILS

First Name

Last Name

Preferred Name

Date of Birth

dd/mm/yyyy

Occupation

Home Address

Home Post Code

Mailing Address

Mailing Postcode

Phone Number

Mobile Number

Email Address

EMERGENCY CONTACT DETAILS

Emergency Contact - Name

Emergency Contact - Relationship

Emergency Contact - Home Phone

Emergency Contact - Mobile Phone

REFEREES

Before your application can be approved, please give details of two people who have agreed to be your referees. Neither should be a family member.

Please also provide details of the previous church you attended.

Referee 1 Details

Name

Address

Phone Number

Mobile Number

Referee 2 Details

Name

Address

Phone Number

Mobile Number

Previous Church Details

Name of Church

Church Phone Number

Name of Pastor

PLEASE TELL US ABOUT YOURSELF

Please outline your reasons for offering to work with children, young and/or vulnerable people.

What experience do you have of working with children or other vulnerable people?

Please list any relevant qualifications and/or training that you have attained (including first aid).

Is there any medical condition, relevant information or limitation (e.g. epilepsy) that may affect your ability to fully participate as a volunteer? (Please give details)

CHILD PROTECTION STATEMENT & PRIOR CONDUCT

Children and young people who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each child and young person. Within this context, you are committing yourself to the protection of children and young and vulnerable people from all forms of abuse. *

- Yes
- No

Have you been interviewed, questioned or charged by Police in relation to any offence involving children, young people, violence, alcohol or drugs? *

- Yes
- No

Tip: (If 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form.)

Have you been convicted of any offence involving children, young people, violence, alcohol or drugs? *

- Yes
- No

All applicants are required to have a 'Blue Card.'

Have you read, understood, and will you abide by, the 'Safe Church Strategy'? *

- Yes
- No

What area of ministry(s) are you applying for?

I confirm that the information contained in this application is true and correct.

I agree to abide by the organisations' child safe guidelines, as per the policy and code of practice provided.

If applicant is under 18, parent or guardian must also sign below.

Applicant Name (and signature if printed form)

Guardian Name (and signature if printed form)

Date

Date