#### **CONFIDENTIAL**

### **Anglican Diocese of Perth**



## FORM 5

Application for appointment as an

## **ADULT VOLUNTEER**

# For all Parish Volunteers who are NOT involved in child-related ministry or activities

**STOP HERE** if you undertake any of the following volunteer roles (or roles involving children) and complete **FORM 2** 

Contact <a href="mailto:screenings@perth.anglican.org">screenings@perth.anglican.org</a> if you are unsure of your Safe Ministry requirements based on your roles

- Lay Pastoral Ministers (LPMs)
- Wardens
- Sunday School Teachers
- Sunday School Helpers and Assistants
- Creche Workers and Assistants
- Mainly Music Leaders and Facilitators (not those who provide catering)
- Camp Leaders Staff and Helpers
- Youth Leaders and Staff
- Holiday Program Leaders
- Overnight Activity Leaders
- Music Leaders and Choir Members where children are participating
- Worship Leaders

Effective from 1 May 2019

NAME OF APPLICANT	
NAME OF PARISH/ORGANISATION	
APPLICANT ROLE/S	

#### THE SAFE MINISTRY CHECK

#### TO THE APPLICANT

Thank you for volunteering for a ministry role within your church or church organisation. The Anglican Church is committed to doing everything we can to ensure that our churches and church organisations are safe for all who participate in church activities - including our volunteers. That is why we require everyone who has a ministry role within the church to meet specific standards of personal conduct. To help us meet our commitment to safe ministry, we ask everyone who wants to be appointed as a voluntary church worker to answer some important questions that are personal and sensitive. We are not asking you these questions because we think you have done anything wrong. We ask them because they are a part of a process that will help to ensure our churches are safe.

Before being appointed to a volunteer role in the parish it is recommended you attend the parish for at least a year. If you have attended the parish for less than a year, please ensure the Parish Priest or other Authorised Parish Representative will be listed as Referee 1.

- **COMPLETING THE FORM 1** Complete all sections.
  - 2 Answer all questions honestly. Where required, put a cross [X] in the appropriate box.
  - 3 If you answer 'Yes' to certain questions, we may have to ask you for more information. But that doesn't necessarily mean that you can't be a volunteer.

#### SUBMITTING THE

Please submit your application by

FORM

**EMAIL** - screenings@perth.anglican.org

Or by MAIL in an envelope marked CONFIDENTIAL to:

Safe Ministry Services

GPO Box W2067 PERTH WA 6846

#### **PRIVACY** THIS APPLICATION IS CONFIDENTIAL.

It will be retained in a secure place in the Diocesan Office. Except as may be required by law or by church disciplinary procedures, the information you supply will be used only for screening and disciplinary purposes.

If required by law, the information you supply will be made available to the applicable authority.

SAFE MINISTRY APPLICATION **REQUIREMENTS** 

- Volunteer National Police Clearance (VNPC) or National Police Clearance (certificate must be no more than three (3) years old or a VNPC Application)
- Safe Ministry Training (Level 1)
- Form 8 Reference Check (new volunteers or applicants only)

2 THE APPLICANT									
Personal Details	Title	□ Dr	□ Mr	☐ Mrs	□м	iss	□Ms	☐ Other – spec	ify:
	Full Legal Name								
	Known as (if applicable)								
	Previous Name (if applicable)								
	Date of birth (dd/mm/yyyy)								
	Gender □ Male □ Female □ Other								
	Marital Status								
	Occupation								
Residential address	Number,	Street							
	Suburb/1	own, Pos	tcode						
	State, Te	rritory/Co	ountry						
Postal address (if different from residential)	Number,	Number, Street							
(ij dijjerent from residentidi)	Suburb/1	own, Pos	tcode						
	State, Te	rritory/Co	ountry						
Contact details	Phone (H) (W) (M)								
	Email								
3 RECORD OF MINIS	STRY								
In the table below, plea			-	_					
church organisations (s voluntary worker. We v		•			-				iy as a
assessment of your suit	ability for								_
Church/Organisation		Location	n	R	ole			From (m/y)	To (m/y)
		_							
4 BOARDS AND COI			mmittaa a	r Poard?			□ No	ПУо	
Have you been a member of a previous Committee or Board?					<ul><li>□ No</li><li>□ Yes</li><li>► If yes, please detail below</li></ul>				
Members of Boards, Co						on	□No	□Ye	
Finances of the Diocese or Parish <b>MUST</b> outline whether they have been subject to Insolvency, bankruptcy or fraud									

5 SUITABILITY FOR MINISTRY		
Have you ever been charged or convicted of any offences involving children?	□ No	□ Yes
Have you ever been cautioned or counselled for behaviour that was considered offensive or inappropriate?	□ No	□ Yes
Have you ever been convicted of any offences that would question your suitability to be a volunteer in the Diocese of Perth?	□No	□Yes
Will you be transporting parishioners?	□No	☐ Yes ►
*NOTE: You are indicating that is it a requirement of your role to transport people in a motor vehicle. In this case, <b>you must provide a copy if your drivers license</b> and declare any traffic infringements or convictions you have received.	► If yes, please se	e note*

#### **6 REFERENCES**

Please provide details below of two (2) referees.

In this context, a 'referee' is someone over 18 years of age who is able to give a report on your good character and suitability for your role. A referee cannot be a relative or a close friend. If you have lived in another state or country within the last three years, please nominate at least one referee from your most recent parish or placement in that state or country.

**NEW VOLUNTEERS: Form 8 – Reference Check** to be completed with the Parish Priest, Locum Tenens or Authorised Parish Representative using the referees below and is to be included with this application.

REFEREE 1  Must be a church leader, such as a rector, church warden, parish councillor or youth minister, or other responsible person						
Title	□ Dr	□ Rev	□ Mr	☐ Mrs	☐ Miss	☐ Ms
	☐ Other - sp	ecify:				
Full Legal Name						
Contact Number						
Email						
Relationship to Applicant						
REFEREE 2  Must be either an employer or an adult person who has known you for 3 years or longer						
Must be	either an employ			nown you for 3 yea	ars or longer	
Must be	either an employ			nown you for 3 yea	ars or longer	□Ms
		ver or an adult p	erson who has kr	, , ,		□ Ms
	□ Dr	ver or an adult p	erson who has kr	, , ,		□Ms
Title	□ Dr	ver or an adult p	erson who has kr	, , ,		□ Ms
Title Full Legal Name	□ Dr	ver or an adult p	erson who has kr	, , ,		☐ Ms

#### **7 DECLARATION**

- I confirm that the information I have supplied on this form is true and correct
- I agree that representatives of the Church may contact previous parishes or churches attended regarding my application
- I agree to release from any liability any person or organisation that provides information
- I also agree to release from any liability the Church, its officers, church workers and volunteers in relation to this application or information contained herein
- I agree that any decision made in relation to this application is final and I will abide by that decision

APPLICANT	SIGNATURE	DATE
	FULL NAME	
PARISH REPRESENTATIVE	SIGNATURE	DATE
	FULL NAME	

IF AT ANY TIME YOU PARTICIPATE IN ROLES THAT INVOLVE CHILDREN, YOU MUST NOTIFY THE ANGLICAN DIOCESE OF PERTH AND COMPLETE SAFE MINISTRY FORM 2

Please submit your application by: **EM**A

EMAIL

screenings@perth.anglican.org

or **MAIL** in an envelope marked

**CONFIDENTIAL** to: Safe Ministry Services

GPO Box W2067 PERTH WA 6846