

CONFIDENTIAL

Anglican Diocese of Perth

**Anglican
Church**
Diocese of Perth



FORM 7

Application for appointment as a

VOLUNTEER

**Who are not members of a Parish
(Op Shops, Cafés, Soup Kitchens etc.)**

Effective from 1 May 2019

NAME OF APPLICANT

PLACE OF VOLUNTEERING

VOLUNTEER ROLE

1 THE SAFE MINISTRY CHECK

TO THE APPLICANT Thank you for volunteering within The Anglican Diocese of Perth. 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 volunteer 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 volunteer 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.

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 FORM Please submit your application by
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	<ul style="list-style-type: none">• 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)
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2 THE APPLICANT

Personal Details

Title ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - specify:

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/Town, Postcode

State, Territory/Country

Postal address

(if different from residential)

Number, Street

Suburb/Town, Postcode

State, Territory/Country

Contact details

Phone (H) (W) (M)

Email

3 SUITABILITY TO WORK WITH VULNERABLE PEOPLE

Have you ever been questioned, charged or convicted of any offence involving a child or vulnerable person? ☐ No ☐ Yes

Have you been charged or convicted for any criminal offence? ☐ No ☐ Yes

Have you ever been cautioned or counselled for behaviour that was considered offensive or inappropriate? ☐ No ☐ Yes

Have you ever been convicted for a driving offence? ☐ No ☐ Yes

If you answered **yes** to any of the above, please provide details:

4 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.**

NEW VOLUNTEERS: Form 8 – Reference Check to be completed by an authorized person using two (2) referees listed below.

REFEREE 1	
<i>Must be either a manager/supervisor or other responsible person in the Op Shop, Café etc.</i>	
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
	<input type="checkbox"/> Other - specify: _____
Full Legal Name	_____
Contact Number	_____
Email	_____
Relationship to Applicant	_____
REFEREE 2	
<i>Must be an adult person who has known you for 3 years or longer</i>	
Title	<input type="checkbox"/> Dr <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
	<input type="checkbox"/> Other - specify: _____
Full Legal Name	_____
Contact Number	_____
Email	_____
Relationship to Applicant	_____

5 DECLARATION

I have read and understood the requirements to volunteer in the Diocese.

I confirm that the information I have supplied on this form is true and correct.

I agree that representatives of the Parish or Anglican Diocese may contact referees mentioned in this application in relation to determine my suitability as a volunteer.

APPLICANT

SIGNATURE

DATE

FULL NAME

PARISH REPRESENTATIVE

SIGNATURE

DATE

FULL NAME

If you are under 16 years of age, either a parent or guardian must sign below

I declare that the information given in this document is correct and that I do not know of any reason which should prevent my child or the young person in my care from being a volunteer in the Diocese of Perth. I agree that any decision made in relation to this application is final and I will abide by that decision.

PARENT/GUARDIAN

SIGNATURE

DATE

FULL NAME

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EMAIL

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or **MAIL** in an envelope marked

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