



## **SAFE YOUTH & KIDS MINISTRY- SCREENING QUESTIONNAIRE**

*The care and safety of our youth and children is paramount.*

*The purpose of this form is to ensure that all volunteers at New Spring Church have been suitably screened to participate in activities involving young people.*

### **PERSONAL DETAILS**

Title

Surname

First name

Address:

Home phone:

Work phone:

Mobile phone:

Email:

Date of birth:    /    /

Marital status:

### **CONSENT:**

I consent to the information provided in this application to be kept by New Spring Church. I understand that this information will be kept in a confidential file and used only for screening and necessary purposes.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please check in either the Yes or No column for each question. If the answer to any of the following questions is Yes, please provide details in the *Comments* section below (Page 2).

Note: A Yes answer will not automatically preclude an applicant from selection.

QUESTION	YES	NO
1. Do you have any health problem(s) which may affect you volunteering/working for the church?		
2. Have you ever been convicted of a criminal offence?		
3. Have you ever been charged with a criminal offence?		
4. Have you ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?		
5. Have you ever engaged in any of the following conduct: <ul style="list-style-type: none"><li>sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate);</li><li>sexual contact with a person under the age of consent;</li><li>illegal use, production, sale or distribution of pornographic material;</li><li>conduct likely to cause harm to people, or to put them at risk of harm; or</li><li>done anything in the past or present that may result in abuse allegations being made against you?</li></ul>		
6. Has your driver's licence ever been revoked or suspended?		



**Comments:**

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**RECORD OF CHRISTIAN CHURCH MEMBERSHIP**

Where have you previously fellowshipped in the most recent past? (Name, year, location)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CONSENT TO CRIMINAL HISTORY CHECK AND/OR WORKING WITH CHILDREN CHECK**

I hereby consent to provide a National Police Check and Working with Children Check.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHARACTER REFERENCE**

Please provide two (2) referees. Referees must be over eighteen years of age and able to give a report (by telephone only) on your good character and suitability for ministry.

1. Name:	Phone:
2. Name:	Phone:

**DECLARATION**

I, \_\_\_\_\_ sincerely declare that:

1. the information I have provided in this application and the information contained in any document accompanying this application are true and correct to the best of my knowledge and belief; and
2. I will commit to follow the safety and care strategies of New Spring Church.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry Leader's name: \_\_\_\_\_ Signature: \_\_\_\_\_