



Application to Serve at Devonport Church of Christ

Personal Details

Full Name:

Gender: M F Date of Birth: Occupation:

Home Address:

Phone: (M) (H) (W)

E-mail:

Emergency Contact Details

Full Name: Relationship:

Phone: (M) (H) (W)

Record of Christian Church Membership

List churches, church organisations, of which you have regularly attended / been a member, please include how long you have attended (those in the last 5 years).

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Referees

Please provide the details of two people who have agreed to be your referees (only one Church staff member reference and not family members please). These will be checked prior to an application being approved.

| | |
|----------------------------|----------------------------|
| Name: | Name: |
| Relationship: | Relationship: |
| E-mail: | E-mail: |
| Phone: (M) (H) | Phone: (M) (H) |

Other Details

- I have a current a Working With Vulnerable People Card Reg No. Expires:
- I am under 16 years of age. I will turn 16 on (at this point WWVP Card required).
- First aid certificate* Bronze Medallion* (*attach copy or scan copy to reception@devonportcoc.com.au)

Do you have any other relevant qualifications / training that may be relevant?

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Is there any medical condition, relevant information or limitation that may affect your ability to fully participate as a volunteer?

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I am applying to be a volunteer in: Children's and Youth Ministries

Required Training – ‘Keeping Children and Vulnerable People Safe’ (for those 16+)

- I have completed this training – Date Completed: Attach copy of certificate if training was offsite.
- I will attend the upcoming session I will complete online training (18+)

Please Tell Us About Yourself

Please outline your reasons for offering to work within your volunteer area/s

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Please outline any experience you have in your volunteer area/s

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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 and in signing this application I am stating my commitment to the protection of children, young and vulnerable people from all forms of abuse.

1. Have you been interviewed, questioned, charged or convicted by the police in relation to any offence involving children, young people, violence, alcohol or drugs? Yes No

If you have answered ‘yes’ to this question, please discuss the details with your Ministry Leader.

2. I confirm that the information contained in this application is true and correct. Yes No
3. I consent to the information contained in this application to be kept by the Church. I understand this information will be kept confidentially and used for screening and disciplinary purposes. Yes No

I have read and understand Devonport Church of Christ’s Child Safe Policy and Code of Conduct. I agree to uphold the standards of behaviour described in it. I understand that corrective action, disciplinary measures and legal steps may be taken by the church if I am found to be in breach of the Code of Conduct. This will include reporting to the relevant authorities. *(For those 16+ only)*

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

Name: Name:

Signed: Signed:

Date: / / 20..... Date: / / 20.....

On completion please return this form to the Next Steps Desk or to your Ministry Leader.

Once your application is received you will receive an e-mail from Safety Management Online Access where you can view your records, access resources and complete your training online if you have elected to do so.

Office Use Only

SMO Access References Checked: 1 2 WWVP Checked Copies of Certificates (if required)

Application Approved: Name Signature Date