



# Anglican Diocese of Riverina

## SAFE MINISTRY CHECK

*[Adopted by General Synod October 2004 & revised July 2005, adapted by Diocese of Riverina 2016]*

## QUESTIONNAIRE FOR VOLUNTEERS AND CHURCH WORKERS

### WHO SHOULD COMPLETE THIS FORM?

- Licensed Lay Ministers
- Church wardens
- Parish Councillors
- Op Shop managers and workers
- Parish Group/Activity Leaders
- SRE Teachers
- Other Church Workers not in Holy Orders

Put simply, any individual who leads other individuals in activities in the life of the church, e.g. Bible Study facilitator, Youth Leaders etc. Clergy must complete a separate form.

### WHY YOU NEED TO COMPLETE THIS FORM?

The Anglican Church of Australia has established standards of conduct for volunteers and church workers to maintain a safe and healthy ministry environment. Our commitment to these standards requires we conduct appropriate screening for all persons who intend to engage in roles having direct and regular involvement with children (0 - 18) and/or vulnerable persons in Australia.

This form will be used as a part of the Diocese Screening and Appointment Process in conjunction with a Working with Children Check and in some cases, National Police Check. Completing this form is mandatory.

### HOW TO COMPLETE THIS FORM

Please read the application carefully before completing. You must answer all questions and sign the declaration. You should add any additional information you feel is relevant on a separate page. Please note that a yes answer will not necessarily result in you being unable to volunteer, however follow up may be required.

You should have a valid Working With Children Number which you would have received from the Office of the Children's Guardian when you applied for a Working with Children Check. You must provide this number to enable us to complete a current check.

Should you have any questions during the course of completing this form, please contact the Diocesan Registry Office (02) 6959 1648 and direct your question to the Bishop or Registrar.

### PRIVACY

This Questionnaire is to be retained by the Diocese of Riverina in a secure location at the Registry Office. Except as may be required by law, or for church disciplinary procedures, the information you supply will be used only for screening purposes.

**Please return this Questionnaire marked CONFIDENTIAL by mail to:**

**Anglican Diocese of Riverina  
PO Box 10  
Narrandera NSW 2700**

## QUESTIONNAIRE FOR VOLUNTEERS AND CHURCH WORKERS

Please circle either "yes" or "no" for each question. If the answer to any of the following questions is "yes", please give details on a separate page.

1. Do you have any health problem(s), which may affect your work with children or vulnerable people?      **Yes**      **No**
2. Have you ever been convicted of a criminal offence?      **Yes**      **No**
3. Have you ever been charged with a criminal offence?      **Yes**      **No**
4. Have you ever had permission to undertake paid or voluntary work with children refused, suspended or withdrawn in Australia or any other country?      **Yes**      **No**
5. Have you ever engaged in any of the following conduct, even though never having been charged?
  - sexual contact with a parishioner, client, patient, student, employee or subordinate (other than with your spouse)
  - sexual contact with a person under the age of consent
  - illegal use, production, sale or distribution of pornographic materials
  - conduct likely to cause harm to a child or young person, or to put them at risk of harm.**Yes**      **No**
6. Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs?      **Yes**      **No**
7. Have you ever had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking, etc?      **Yes**      **No**
8. Has a child or dependent person in your care (as a parent or in any other capacity) ever been removed from your care, or been the subject of a risk assessment by the authorities?      **Yes**      **No**
9. Have you done anything in the past or present that may result in allegations being made against you of child abuse? Child Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse      **Yes**      **No**
10. Have you done anything in the past or present that may result in allegations being made against you of abuse? Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse toward any person(s) regardless of age, i.e. child or adult.      **Yes**      **No**

**PERSONAL DETAILS**

**Title:** Mr Mrs Ms Miss Other \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Christian Name (s):** \_\_\_\_\_

**Previous Name or Maiden Name:** \_\_\_\_\_ **Male** **Female**

**Address:** \_\_\_\_\_

**Preferred Contact Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Valid Working with Children Number (If applicable):** \_\_\_\_\_

**Role(s) you wish to undertake:** \_\_\_\_\_

\_\_\_\_\_

**Parish/Church Centre(s) in which you intend to volunteer/work:** \_\_\_\_\_

**CHARACTER REFERENCES**

(Required if you have been at your church less than twelve months)

**Please provide two (2) referees.** Referees must be over eighteen years of age and be able to give a report (by telephone) on your good character and suitability for volunteering/working among children and vulnerable persons. They must NOT be a relative or a close friend.

***REFEREE 1***

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

***REFEREE 2***

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

## DECLARATION

I \_\_\_\_\_

do solemnly and sincerely declare that:

- (1) the information I have provided in this application and the information contained in any documents accompanying this application are true and correct to the best of my knowledge and belief.
- (2) I understand that any material misstatement in, or omission from this questionnaire may render me unfit to hold a particular role or any office in the Church.
- (3) I hereby authorise my referees to provide any information relevant to my application to you and your delegates in relation to whether to the best of their knowledge I am a suitable person for to volunteering in the Church.
- (4) I hereby release from liability any person or organisation that provides such information. I also agree to release you and your delegates from any and all liability as it relates to any investigation by you or them regarding the information contained in this application, or any action by you or them as a result of such investigation.
- (5) I hereby consent to provide an Australian Federal Police Check if I have resided in another country, or, for the Diocese of Riverina to conduct a National Police Check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WITNESS TO THE VOLUNTEER/CHURCH WORKERS SIGNATURE

The witness is required only to verify the applicant is the person who has signed the declaration on this form.

Name of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENDORSEMENT OF APPLICANT BY RECTOR/ PRIEST IN CHARGE OF PARISH IN WHICH YOU ARE APPLYING** (In the event of your parish not having a Priest, please leave blank and direct your application to the Bishop/Vicar General)

Rector/PIC signs to acknowledge they support the applicant volunteering/working within their Parish.

Signed: \_\_\_\_\_

Title/Office Held: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST

Before submitting your questionnaire, please ensure you have:

- Answered all the Questions
- Included your Working With Children Number
- Signed the Declaration
- Listed your Referees
- Had this form signed by the Rector/ Priest in Charge

FOR OFFICE USE ONLY			
Date received:		Signed as sighted by Bishop or delegate:	
Follow up required?	YES NO	Date follow up completed:	
Reference Check required?	YES NO	Date Reference check completed:	
Application:		APPROVED	DENIED