

**FORM CS2**

## ChurchSafe Declaration

Seventh Day Adventist Reform Movement



Thank you for your desire to serve the Lord at \_\_\_\_\_ church. This application and declaration is part of our church's commitment to ensuring our duty of care to all people, and also to fulfil our insurance obligation and health and safety requirements.

### PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Any Former Names: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### CRIMINAL HISTORY CHECK

I hereby consent to an Australian Federal Police Check if one is considered necessary for my role. My state-based Working With Children Check (or similar) details, where required are as follows:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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### CONSENT TO HOLD INFORMATION

I consent to the information contained in this application including the subsequent pages to be kept by our church. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.

### REFEREE CHECK

If you have been at the church for less than 3 years, please nominate a character reference:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name of my previous church, pastor and contact (if applicable): \_\_\_\_\_

### DECLARATION

I understand that the church operates in an environment of legal and ethical restrictions, and I will fully cooperate with the church in abiding by these.

I assure the church, in considering me for a volunteer role that:

1. I have no health impediment that will put me or any other person at risk in the fulfilment of my designated role other than those matters disclosed to the church.
2. I know of no past behaviour that renders me unfit to serve as a volunteer or which detracts from the obligation of the church to operate as a place of safety to a minor or any other person (including but not limited to any past allegations of, convictions or admitted sexual misconduct/sexual abuse).
3. I understand that if I am unclear as to any of the statements in this document, I will seek clarification from a church leader before signing.
4. I have provided this application and the information contained in it, and any documents accompanying it in good faith and declare they are true and correct to the best of my knowledge and belief.
5. I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a particular role in the church.
6. I have received and read a copy of the Code of Conduct and I agree to abide by it.
7. I understand that when considering my application, my church may refer to church policies, guidelines and position papers.
8. I will respect the decision of my church as to where I volunteer my services within the church, and whether my services are required, from time to time.
9. I understand that a church leader will be available to me to discuss my service.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If under the age of 18, please have this form co-signed by your parent/guardian.)*

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### VERIFIED BY AUTHORISED REPRESENTATIVE OR CHURCHSAFE OFFICER

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