

### Safe Ministry Screening Questionnaire (U18) PEP-17a

# For anyone aged under 18 serving as a volunteer or a junior volunteer/helper.

This is a sensitive document that must be stored in a confidential manner accessible only by a limited number of authorised persons

PERSONAL DETAILS				
Surname:				
Given Names:				
Previous Name(s) (if applicable)				
Date of Birth:		Gender:		
Address:				
Email:				
Phone:				
Do you have any health	l conditions that we should know about		(please list below)	□ No
Name of Parent/Guardia	ın		phone for Guardian:	

Please tick either "YES" or "NO" for each of the following questions. If the answer to any of the following questions is "yes", please give details on a separate page or discuss with the Lead Pastor or the person holding an equivalent leadership role in your church.

A 'yes' answer will not automatically rule you out of selection, however, if you disclose any potentially criminal actions, the church may need to report this information to the police or other relevant government authorities.

		Yes	No
1.	Have you ever been charged with and/or convicted of a criminal offence?		
2.	To your knowledge, have there been any allegations made against you?		

#### CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS

Name of church	Location	When (Month/Year)	Any positions held		

#### REFEREES

Please provide details of two referees who are over eighteen years of age and able to give a verbal report on your character and suitability for ministry.

ne Phone How do they know you?	
F	hone

#### CONSENT TO HOLD INFORMATION

# **NewDay Church**



## Safe Ministry Screening Questionnaire (U18) PEP-17a

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

#### DECLARATION

١,

declare that:

- The information I have provided in this application is true and correct to the best of my knowledge.
- I understand that if I provide false or misleading information or withhold relevant information from this questionnaire, the church leadership may determine that I am unsuitable to serve in any role in the church.
- I have received a copy of the Volunteer, Leader and Staff Covenant and am willing to uphold it.

Applicant's Signature

Date

Name of Parent/Guardian:

Parent/Guardian Signature

Date

Church Use Only:				
Parent/Guardian signature received:	□ Yes	□ No	Date:	
Creating Safe Spaces (CSS) completed: (for 16-17 year olds in leadership)	□ Yes	□ No	Date:	
Signed Volunteer, Leader and Staff Covenant received by:			Date:	
Entered onto Safe Church Register by:			Date:	
Referee Check conducted by:			Date:	
Induction conducted by:			Date:	
Full records of the above processes (including interview notes, referee check comments and induction content) should be kept in the relevant staff and volunteer admin file.				