

DO2 Safe Ministry Screening Questionnaire Under 18

For staff and volunteers aged under 18.

Please Note: 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:	
Address:	
Phone:Email:	•••••
Do you have any health conditions that we should know about?	•••••
Name of at least one Parent / Guardian:	•••••
Parent / Guardian's Phone:	
Please circle either "YES" or "NO" for each of the following questions. If you answer the following questions, please give details on a separate page or discuss with the Leaperson holding an equivalent leadership role in your church.	
A 'yes' answer will not automatically rule an applicant out of selection. Please no disclose any potentially criminal actions, the church may need to report this info police or other relevant government authorities.	•
For all staff and volunteers	Yes/No
1. Have you ever been charged with and/or convicted of a criminal offence?	Yes / No
3. To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct?	Yes / No
5. Have you had a history of alcohol abuse or substance abuse (including prescription, over-the-counter, recreational or illegal drugs)	Yes / No



CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS:

Name of church	Location	When (Month/Year)	Any positions held	
REFEREES:				
•		ver eighteen years of age try. Referees may be part	_	
Referee 1 Name:		•••••		
Phone:				
Referee 2 Name:				
Phone:				
CONSENT TO HOLD INFO	RMATION:			
		Paragraph Control of the Control of the		
I consent to the informat kept by our church for 10 file and used only for screen	00 years. I understand tha	t this information will be		
DECLARATION I,	•••••	sinc	erely declare that:	
• The information I have and belief.	provided in this application	on is true and correct to th	ne best of my knowledge	
• I understand that if I profrom this questionnaire, to role in the church.		information or withhold r y determine that I am uns		
• I have received a copy of	of the Leaders Conduct Co	ovenant and am willing to	uphold it.	
Applicant's signature:		Da	ite:	
Parent / Guardians Name	e:			
Parent / Guardians Signa	ture:	Da	ate:	
Church Officer (confirma				
	,			

Name......Date:Date: