

1. Personal Information:		
Full name		DOB:
Address		
Email Address		
Phone Numbers	H:	M:
Current Employer		
Current Employer Address		
Current Employer's Phone Numbers	H:	M:
Time with Current Employer	Years:	Months:
2. Activities:		
What types of activities are you interested in being involved in?		
Date available to begin?	/ /	
3. Church involvement:		
Are you a member of the church?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Length of attendance at church?		
If less than one year, name of previous church		
Address of previous church		
4. Criminal offences:		
Have you been charged with or convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please supply details		

5. Referees:		
Pastor / Church Name		
Phone	W:	M:
Employer / Business Name		
Phone	W:	M:
Personal		
Phone	H:	M:

6. Applicant's Statement		
<p>I confirm that the above information I have supplied on this form is true and correct to the best of my knowledge. Should it be found that the answers are untrue, I understand that may be grounds for dismissal from the position held.</p> <p>I accept that the church may contact the referees mentioned in this document. I agree to release and hold harmless from liability any person or organisation that provides information, and that any copy of my application can be sent to any referee mentioned herein. I also agree to hold harmless the church, its officers, employees, and volunteers in relation to their use of this application or information contained herein. I Waive any rights I may have to inspect references on my behalf.</p>		
Applicant Name		
Signed (applicant)		Date / / 20

Volunteer Applicant Approved/Not Approved:

Signature _____ Date _____

Full Name _____

Please note the information collected above is highly confidential and sensitive and must be stored in a confidential place and only accessible to church leadership.

Office Use; Induction Record		
Fire Safety	<input type="radio"/> Yes <input type="checkbox"/>	Date completed:
Evacuation	<input type="radio"/> Yes <input type="checkbox"/>	Date completed:
Safe Workplace, e.g., Incident reporting	<input type="radio"/> Yes <input type="checkbox"/>	Date completed:
Cleaning Work Instructions	<input type="radio"/> Yes <input type="checkbox"/>	Date completed:
Safety Data Sheets, (SDS)	<input type="radio"/> Yes <input type="checkbox"/>	Date completed:
Security responsibility	<input type="radio"/> Yes <input type="checkbox"/>	Date completed: