…………..... your church name here …………....

LEADER APPLICATION FORM

Staff, leaders and volunteers wanting to work with children, youth and/or vulnerable adults must complete this form.

<Sample Baptist Church> is committed to promoting the welfare of children, youth and vulnerable adults participating in any of its ministries or activities by protecting their rights and protecting them from harm.

The church is obliged to ask questions about the background of prospective staff and volunteers, such as a bout past criminal history and sexual offences, in order to fulfil our legal, insurance and ethical duty of care to protect children and vulnerable adults from the risk of sexual abuse.

Name of applicant

 Date of birth

Address Postcode

Phone (H) Phone (W) Phone (M)

Email address

How long have you attended this church? years months

If less than one year, have you attended another church previously? Yes / No

If Yes, for how long? years months

Previous church

What ministry would you like to be involved in?

Please tell us of any previous experience you have had in your chosen area of ministry.

Please share with us any strengths and qualifications you have for ministry in this area.

Do you have any health concerns or other situations which you think we should know about?

Do you have any other concerns you think we should know about, such as criminal history?

Please provide the names and contact numbers of two people able to act as referees:

Name Contact Number Relationship

Name Contact Number Relationship

Note: one referee must be a senior leader and/or direct supervisor from most recent church attended

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge. Should it be found the answers are untrue, I understand that may be grounds for removal from the position held.

I hereby declare that I have never committed, nor been convicted of, or am I currently the subject of an investigation of, any criminal offences in relation to the sexual abuse of children, youth or vulnerable adults.

I agree that the church may make a check with police regarding any information they may hold about me.

I agree that the church may contact any referees provided by me to establish my suitability as a person working with children, youth or vulnerable adults.

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| **OFFICE USE** |
| Up-to-date and current: | Date | Confirmed? |
| * Safe Church Awareness Training
 |  |  |
| * Working with Children Check
 |  |  |
| * Police Check (if required)
 |  |  |
|  | Date | Reference OK? |
| * Reference Check with Name 1:
 |  |  |
| * Reference Check with Name 2:
 |  |  |
|  | Date | Accepted? |
| * Interview led by (name)
 |  |  |
| * Induction led by (name)
 |  |  |

Signed

Date (dd/mm/yyyy)