ARMIDALE DISTRICT BAPTIST CHURCH
Sharing Christ's Love in Community

Safe Ministry Screening Questionnaire

For Volunteer/Helper over 18 with an Intellectual Disability

Updated: 24 July 2026

Armidale District Baptist Church understands this is a sensitive document and it will 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 (date/month/year):	Male / Female:
Address:	
Phone:	Email:
WWCC Number (if required):	Expiry date:
Do you have any health conditions that we should know about?	
Name of at least one Parent/Guardian:	
Contact Phone for Parent/Guardian:	

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Please circle either "YES" or "NO" for each of the following questions.

If you answer "yes" to any of the following questions, please give details on a separate page or discuss with the Senior Pastor or one of the Elders.

A "yes" answer will not automatically rule an applicant out of selection.

Please note that, if you disclose any potentially criminal actions, under law the church may need to report this information to the police or other relevant government authorities.

1. Have you ever been charged with and/or convicted of a criminal offence?	Yes / No
2. Have you had a history of alcohol abuse or substance abuse (including prescription, over-the-counter, recreational or illegal drugs)?	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

Churches you have attended regularly in the past 3 years

Name of Church	**Location**	**When Attended** (Month / Year)	**Any Positions Held**

Referees

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

Referee 1	
Name:	Phone:
Referee 2	
Name:	Phone:

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Consent to Hold Information

I consent to the information contained in this application, including any subsequent pages, to be kept by our church. I understand that this information will be kept in a confidential file for a minimum of 45 years and used only for screening purposes.

Declaration

I, ... sincerely declare that:

- The information I have provided in this application is true and correct to the best of my knowledge and belief.
- 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 and signed the *Our Church is a Safe Church with Safe People (2.4* or *2.5)*[1] and with God's grace am willing to uphold them.

Applicant's Signature:	Date:

Ministry Leader Declaration

I have read through the documentation with the applicant and believe they have understood what is required.

Name of Ministry Leader:	Ministry:
Signature:	Date:

[1] This replaces the need to read and sign *2.1 Safe Church Policy*, *2.2 Protective Behaviours Policy* and *2.3 The Code of Conduct for Staff and Volunteers* in the Screening Process. See *Our Church is a Safe Place with Safe People (2.4 and/or 2.5).*

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Church Use Only	
Ministry Leader Consent obtained by: (name)	On (date):
CSS Training: Not required	
WWCC No. Supplied Yes / NA (circle)	Expiry Date:
WWCC Verified by: (Name)	
Interview led by: (name)	On (date):
Signed *Our Church is a Safe Church with Safe People (2.4 or 2.5)* (circle which) received by: (name)	On (date):
Referee Checks conducted by: (name)	On (date):
Volunteer Endorsement* by: (name)	On (date):
Entered onto Safe Church Register by: (name)	On (date):
Induction led by: (name)	On (date):
Notes on Induction:	
** Volunteers must be endorsed by a member of pastoral staff or Church Leadership or Safe Church Team.* *Full records of the above processes (including interview notes, referee check comments and induction content) should be kept in the relevant individual's personnel file.*	



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