

Combined Churches of Sunbury Inc
 (formerly Sunbury Lay Ecumenical Committee Inc)
Registration No. A00340039w
ABN 13 940 214 387

Email: h.gwen@bigpond.com
 25 Mitchells Lane Sunbury 3429

REGISTRATION FORM FOR VOLUNTEERS or COMMITTEE MEMBER

PERSONAL DETAILS

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname <input style="width: 100%;" type="text"/>		Christian name <input style="width: 100%;" type="text"/>		Previous names <input style="width: 100%;" type="text"/>		

Address:	<input style="width: 100%;" type="text"/>				
Home phone number:	<input style="width: 150px;" type="text"/>	Work phone number:	<input style="width: 150px;" type="text"/>		
Mobile phone number:	<input style="width: 150px;" type="text"/>	Email:	<input style="width: 150px;" type="text"/>		

I hereby apply to be a Committee Member Volunteer(select which one is applicable) with CCS Inc.

Appointment as a Committee Member will remain valid until membership is terminated. Appointment as a Volunteer must be renewed after 3 years. Attendance at a CCS Inc Duty of Care Training session at least once per year is required of all CCS Inc personnel

CONSENT: I consent to the information contained in this application including the subsequent pages to be kept by the Combined Churches of Sunbury Inc. in a secure place for at least 50 years. (a condition set by our insurers). I understand that this information will be kept in a confidential file and used only for screening and administration purposes.

Signature

Date (DD MM YYYY)

In order to provide relevant data for our insurance cover please tick either "yes" or "no" for each question. If the answer to any of questions 1-6 is "yes", please give details on a separate page.
 NOTE: A "yes" answer will not automatically rule an applicant out of selection.

Question	
1. Have you ever been convicted of a criminal offence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Has your permission to undertake paid or voluntary work with children or other vulnerable people been refused, suspended, or withdrawn in Australia or any other country?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Have you ever had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking etc.?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Has a child or dependent young person in your care (as a parent or in any other capacity) ever been removed from your care, or been the subject of a risk assessment by the authorities?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Have you ever done anything in the past or present that may result in allegations being made against you of bullying or any form of harassment of children or vulnerable people	No <input type="checkbox"/> Yes <input type="checkbox"/>

6. Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational, or illegal drugs?

No Yes

7. Are you 79 years or over?
If yes, please provide your date of birth

Is there a specific role with the CCS Inc for which you are applying?

Please list all **organisations or institutions** that you have either worked at or volunteered for regularly in the last **5** years.

Date (approx.) **Organisation**

Please list any qualifications or experience you have that relate to working with Children, Aged or Vulnerable people.

If you possess a current WWCC Volunteer card please state:

Card number

Expiry date

If you do not hold a current WWCC Volunteer card please apply for one and forward details to CCS Inc

DECLARATION

I,

of

do solemnly and sincerely declare that:

- (1) the information provided on this application form and the information contained in any accompanying document is true and correct to the best of my knowledge and belief.
- (2) I understand that any material misstatement in or omission from this questionnaire may render me ineligible to hold a particular or any office or role with CCS Inc

Applicant's signature

Declared this day Month Year

CHARACTER REFERENCES:

Please provide two (2) referees. Referees must be over eighteen years of age and able to give a report (by telephone only) on your good character and suitability for serving with CCS Inc

Referee 1:

Name: Phone:

Referee 2:

Name: Phone:

Note: Please seek legal advice if you are uncertain about signing this document.

PLEASE FORWARD COMPLETED FORMS TO:

POST: Robyn Flett, Unit 1 63 Pasley St. Sunbury 3429

EMAIL: robyn.flett@gmail.com

FOR OFFICE USE ONLY

CCS Inc representative as Witness to the Applicant's Details Check . Sign off after all items completed

Name of CCS Inc representative

Title/Office held:

Signature:


Date (DD MM YYYY):

Applicant approved Yes No