



# Pathfinder Leader Volunteer Form

## Application Form



### Applicant Details

Name: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Club: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Your leadership Role:  Pathfinder  Adventurers

**Consent:** I consent to the information being contained in this application, including the subsequent pages, to be kept by our church. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick either "yes" or "no" for each of the following.

Should there be any "yes" answers you are not automatically ruled out of application selection. However, we do require you to please provide details below or on a separate piece of paper.

	Yes	No
1. Do you have any health problems that might affect you volunteering for the church?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been charged with a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended, or withdrawn in New Zealand or any other country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever engaged in any of the following conduct, even though never having been charged? <ul style="list-style-type: none"><li>• Sexual contact with someone under your care other than your spouse (such as parishioner, client, patient, student, employee or subordinate)</li><li>• Sexual contact with a person under the age of consent</li><li>• Illegal use, production, sale or distribution of pornographic material</li><li>• Conduct likely to cause harm to people, or to put them at risk or harm</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your driver's licence ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had an apprehended violence order, order for the protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking, etc?	<input type="checkbox"/>	<input type="checkbox"/>

Please tick either "yes" or "no" for each of the following.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 8. Has a child or dependant 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?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you done anything in the past or present that may result in allegations being made against you of child abuse? (Abuse means: bullying, emotional abuse, harassment, neglect, physical abuse, or sexual abuse) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever done anything in the past or present that may result in allegations being made against you of bullying or any other form of harassment of adults?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. To your knowledge, have you ever been the subject of an allegation of sexual abuse or sexual misconduct?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "yes" to any of the above, please provide details. You may continue on another page if needed.

#### RECORD OF CHRISTIAN CHURCH MEMBERSHIP

Please list the church organisations, churches, congregation of which you have been a member.

Name of Church	Roles	Location	When (month/Year)
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**CONSENT TO CRIMINAL HISTORY CHECK AND / OR WORKING WITH CHILDREN CHECK**

I hereby consent to provide or permit a NZ Police Vetting Check or Ministry of Justice Criminal History Check and further checks if I have resided in another country. (Please attached consent form)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CHARACTER REFERENCE**

Please provide two (2) referees. A referee must be over eighteen years of age, must not be related to you, and must be able to give a report (by telephone only) on your good character and suitability for ministry.

Referee 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referee 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Declaration**

I, \_\_\_\_\_

of \_\_\_\_\_

do solemnly and sincerely declare that:

1. The information I have provided in this application and the information contained in any documentation accompanying this application are 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 unfit to hold a particular or any office in the Church.
3. I further declare I have received and read of copy of the Code of Conduct, and agree to fully comply with the expected conduct detail within it.

Applicant Signature: \_\_\_\_\_

Declared this day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**CHURCH USE**

Police Check form received and submitted (attached)

Police Check result satisfactory

Referees Phoned and results satisfactory (notes attached)

Any points of concern? \_\_\_\_\_

On consideration of this information, I am content that the applicant's ministry status is **APPROVED** **DENIED**

Name: \_\_\_\_\_ Church Office / Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_