



THRIVECHURCH

THRIVE CHURCH VOLUNTEER DECLARATION

Thank you for your desire to volunteer at Thrive Church.

This declaration is for Pastors, Board members, Elders, leaders, and other persons of responsibility, as part of our church's commitment to ensuring our duty of care to all people, and also to fulfil our insurance obligations, health and safety and other requirements.

PERSONAL DETAILS

Surname: _____

First and Middle Names: _____

Any Former Names: _____

Date of Birth: ____ / ____ / ____ Email: _____

Address: _____

Male / Female (Please select)

Phone: _____. ____ How long have you been a part of
Thrive: _____

Do you have any illness, special needs, relevant past behaviour, addictions or other issues, that you would like to advise of that may affect your involvement as a volunteer.

No / Yes (Details can be provided here, or privately to one of our pastors):

WORKING WITH CHILDREN CHECK (IF REQUIRED): My working with children check details are as follows:

State of Issue: _____ Reference Number: _____

Expiry Date: ____ / ____ / ____

CONSENT TO HOLD INFORMATION: I consent to the information contained in this application including the subsequent pages to be kept by our church. I understand that this information will be kept confidential and only used for the intention in which it was collected.

DECLARATION

- I understand that the church operates in an environment of numerous legal and ethical restrictions, and I will fully cooperate with the church in abiding by these. I assure the church, in considering me for a volunteer role that – other than those matters already disclosed on this form:
- I have no health impediment that will put me or any other person at risk in the fulfilment of my designated role.
- I know of no past behaviour that renders me unfit to serve as a volunteer or which detracts from the obligation of the church to operate as a place of safety to a minor or any other person. Such past behaviour may include being the subject of an allegation of sexual abuse (whether convicted or not), including any type of molestation, indecent exposure, sexual harassment or intimidation.
- I understand that if I am unclear as to any of the statements in this document, I will seek clarification from a team leader or church leader before signing.
- I have provided this information in good faith and declare they are true and correct to the best of my knowledge and belief.
- I understand that any material misstatement in or omission from this questionnaire may mean I am unable or unfit to hold a particular role in the church.
- I will respect the decision of my church as to where I volunteer my services within the church, and whether my services are required, from time to time.
- I have received a copy of the Thrive Church Code of Conduct and I agree to uphold it.
- I understand that a pastor will be available to me for feedback and support me in my role.

Your Name: _____ **Signature:** _____

Parent/Guardian: _____ Signature: _____

(if under the age of 18, please have the form co-signed by your parent/guardian)

Date: ____ / ____ / ____

Endorsement of church leadership for this person to volunteer:

Endorsed By: Signature: _____ Date: ____ / ____ / ____