



Staff and Volunteer Data Form

USE

This document should be used in conjunction with the template local church 'Child-Safe Policy' (v 2013 or subsequent editions) and applicable Conference & AUC / NZPUC policy.

PURPOSE

The purpose of this form is to enable the local Church and/or Church-sponsored activities and programs to maintain a record of the contact details of the staff and volunteers who work with children and young people in the Church's environments.

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Staff and Volunteer Data Form

All staff and volunteers over 18-years who work with children or young people may provide and update their contact details using this form.

This form will be stored securely and privately by the Team Leader and/or other Church officers designated to do so. In accordance with legislated privacy principles, personal information is not used for purposes other than which it is collected and not shared with any other organization.

Staff / Volunteer Details

First name _____ Middle name(s) _____

Surname _____ Maiden name (if applicable) _____

Date of Birth (or age in whole years) _____

Current address (residential or mailing) _____

_____ P/Code _____

Government issued ID or Document (E.g. Driver's License, Passport, Medicare)

Document type _____ Number _____ Expiry date ____ / ____ / ____

Contact Details

Mobile number _____ Landline _____

Alternative numbers to try in emergency _____

E-mail _____ @ _____

☐ I understand that all positions and roles working with children or young people are subject to and contingent upon compliance with Working With Children Check, National Police Certificate, or other Criminal History Record Checks or Declarations prescribed in either legislation or as required by the AUC & NZPUC of the Seventh-day Adventist Church throughout Australia or New Zealand. I am also not subject to a Safety Agreement within the Church's environments nor proposed to be.
(Please 'tick' the above box and sign below to indicate that of you understand and agree to abide by this truthfully-made statement & details as provided above)

Signature _____ Date ____ / ____ / ____