## *Leaders and Volunteers Emergency Contact/Declaration*

## *Axis Church a Wesleyan Methodist Church*

This information will be treated confidentially and is for the purpose of supporting our safety program.

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| Applicants Name: |  | Date of Birth: |  |
| Address: |  |  |  |
| Phone: |  | Mobile: |  |
| Email address: |  |
| Name and contact details of Next of Kin: |  |
| Personal Situation (marital, employment): |  |
| Working with Children Clearance Details: | (number and expiry date) |
| Church position(s) and group(s): |  |
| Details of court orders, criminal charges or legal restrictions to working with children and young people: | (if none, indicate NIL) |
| Medical conditions or impairments that may affect your participation or safety: |  |
| Any other details we should know about: |  |
| Has a Code of Conduct Declaration been completed: |  |
| Declaration: | I declare that there are no impediments to me taking on this/these position/s. I agree to bring to the attention of the Pastor any future issue that may make me unsuitable or seen to be unsuitable to hold this position. I agree to submit to the leadership of the church and to follow the People Protection and Risk Management Strategy and all other procedural requirements of the church. |
| Signature of Applicant: |  | Date: |  |
| *Administrative Use:* |  |  |  |
| *Processed and filed by:* |  |  |  |
| *Working with Children Clearance confirmed* | *validation date* |  | *details added to register* |