



Junior Volunteer Application Form

C/2.1.2.13

Purpose

Assists church council members/delegates to complete and record the screening of junior applicants who wish to volunteer within the church.

Scope

To be utilised by anyone aged 12-18 years who is expressing interest in a volunteer position within the church.

Process

A child or young person aged between 12 years and 18 years may undertake a volunteer activity as a junior volunteer or junior leader after participating in a pre-appointment screening process suitable for their age, maturity, and ability. Each part of the application process is to be completed with prayerful consideration of the gifts and graces of the applicant, their suitability to volunteer in the role, and the needs of the Church.

Inclusion

The application process should not be a barrier to persons with a desire to serve or volunteer. Refer to the procedure [Selecting Leaders and Helpers](#), for information about ways to increase the accessibility of the application and interview processes.

Instructions

1. You must obtain permission from a parent or guardian, to volunteer with the Church.
2. Fill out all sections of this application form, to express interest in volunteering, or for a volunteer role.
3. You may prefer to talk with someone instead of completing this form. If that's the case, ask your minister if you can make a time with someone to talk about becoming a volunteer or junior leader, with the Church.
4. If you have completed this form, please email or hand the completed application form to the Safe Ministry with Children (SMC) Coordinator, Minister, or the Church Council Chair of the Church you wish to volunteer with.

Applicant details

Applicant's full name:

Preferred name:

Date of birth:

Male:

Female:

Phone number:

Email:

Address:

Preferred method of
contact:

Mobile

Email

Text message

Other (provide details)

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Parent/guardian's name:

Parent/guardian's contact details:

Date:

Consent:

Is your parent or guardian aware of this application?

Yes / No

Is your parent or guardian attending the interview with you?

Yes / No

Verbal expression of interest

Verbal process used

Details of the person completing this form

Name:

Phone number:

Email:

Address:

Church Position or relationship:

Personal abilities and qualifications

1. Gifts and abilities: Please list your gifts and abilities which would be beneficial in your role volunteering in the church/volunteering with children or anyone vulnerable.

2. Previous experience, qualifications and training: Please list the specific details of previous experience which equips you to volunteer, including any previous experience working or volunteering effectively with children or anyone vulnerable (attach copy of relevant documents).

3. Work history: Please provide details of the last place where you helped or volunteered, including any helping or volunteering with children or anyone vulnerable.

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4. Motivation and calling: Please describe why you want to volunteer, including helping or volunteering with children or anyone vulnerable.

5. Medical conditions: Please provide relevant information about medical conditions or limitations that may affect your ability to fully participate as a volunteer.

Referees

Name of referee 1:

Phone number:

Organisation:

Position held:

Email/Address:

Relationship to you:

Name of referee 2:

Phone number:

Organisation:

Position held:

Email/Address:

Relationship to you:



Applicant's declaration

Please answer every question. Further discussion may be required to understand individual circumstances.

	Yes / No
Do you have consent from your parent or guardian to volunteer in this role?	
Was the parent or guardian present for the interview process?	
Do you confirm that the information provided in this document is true and correct?	
Do you consent to the referees listed above being contacted for the purposes stated in this application?	
Do you consent to the church council using and disclosing your personal information in the manner described in the process above?	
Do you understand that you can withdraw from this application process at any time without giving reason?	

Applicant's signature

Name:

Date:

Parent/guardian consent:

Parent/guardian's name:

Parent/guardian's contact details:

Date:

OFFICE USE ONLY

Determination, recommendation, comments and conditions:

Signature of person conducting screening:

Name:

Date:

Reference to minute of church council meeting:

Date:

Date applicant was notified of outcome:

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Revisions

Document number		C/2.1.2.13			
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact
2.0	06.09.2022	Strategic Risk Manager	06.09.2022	ED Strategic Resources and Assurance	Safe Church, Assurance and Support Officer
Next scheduled review		06.09.2027			