



# Annual Well-being Check-in

C/2.1.2.9

## Purpose

The purpose of this form is to help volunteers fulfil their potential, feel valued, and help congregations better utilise volunteer’s strengths, gifts, and skills in safe ministry within the Uniting Church. As this is a two-way discussion, coordinators are encouraged to ask the volunteer for feedback **and** to provide the volunteer with feedback. At the conclusion of the discussion, the coordinator and volunteer can develop some agreed actions for further support training, or responsibilities. This check-in should be offered to all volunteers at least annually.

This form may also be utilised to annually review whether the individual Junior Leader or Junior Worker has the required level of maturity and ability to safely navigate the Safe Church Training.

Volunteer: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Volunteer Position: \_\_\_\_\_ Team: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Do you feel that you have a good understanding of the following:

- Our mission and values
- Our organisational structure
- Your role in delivering safe programs
- Your role in maintaining boundaries and reporting concerns
- Other: \_\_\_\_\_
- The range of acceptable behaviours
- Your role in maintaining safe relationships
- Policies and processes

### Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Tell me about your experience in the children’s ministry or safe ministry team during the past year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. What elements of the role interest you the most?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. What elements of the role interest you the least?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. What are some of your achievements in your children’s ministry or safe ministry role?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. What parts of the role do you find particularly easy or difficult?

7. What sorts of training or support would be of benefit to you in the next year?

8. Reflection: Both you and your coordinator consider and rate yourselves in the areas listed below. Discuss your ratings. Ratings: NS = Needs support, G = Good, E = Excellent

How would you rate yourself in the following	Coordinator	Volunteer	Support action plan
Communication skills			
Interpersonal relationships			
Attendance			
Living the values			
Working with policies and procedures			

9. Goal setting: What would you like to achieve in the next twelve months?  
What support do you need to achieve this goal?

10. Further Coordinator comments:

11. Further Volunteer comments:

Volunteer Signature:

Date:

Coordinator Signature:

Date:

Coordinator use only: Review outcome

Please ensure that the Volunteer receives a copy of any agreed **action plan**. Return all forms to the church council secretary for secure storage. The date of this check-in is to be recorded on the Register of Workers (volunteers).



## Revisions

Document number	C/2.1.2.9				
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact
4.0	16.01.2024	Strategic Risk Manager	16.01.2024	Strategic Risk Manager	Safe Church Assurance and Support Officer
Next scheduled review	30.09.2027				