##

 **Screening Declaration - Volunteer Workers**

NAME

Date of Birth

Phone Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do solemnly and sincerely declare that:

1. The information I have provided in this application and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief.
2. I have received and read a copy of the **Code of Conduct** and agree to adhere to the standards in this Code.
3. I understand that I will need to attend a Volunteer Induction Session before commencing as a volunteer, and other training as requested.
4. I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a role as a volunteer in this program.
5. I have declared any health problem(s), which may affect my ability to volunteer in the role/s for which I have applied.
6. I have disclosed to the organisation any past criminal charges and/or convictions I have received.
7. I have not engaged in the following conduct:
	* non-consensual sexual activity
	* sexual contact with a person under the age of consent
	* illegal use, production, sale or distribution of child abuse materials
8. I have not ever been the subject of allegations of abuse nor have I engaged in conduct that may result in allegations being made against me of abuse.
Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse.
9. I consent to the organisation collecting, using and disclosing personal information

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Senior worker endorsement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affirm that to the best of my knowledge that the Volunteer applying on the Form is a person of good character.  I confirm that they have been provided with a copy of the Code of Conduct and they agree to comply with the standards of the Code.

**SIGNATURE OF AUTHORISED REPRESENTATIVE**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOTE: This Safe Community Declaration remains valid for 3 years, unless circumstances change.** |

**Privacy Statement** Any personal information you provide is protected under the *Privacy Act* and is collected by the organisation for the purpose of your involvement in a program that operates within the organisation. It will be kept in a confidential file and used in implementing the Safe Community Framework. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person’s life or health; or if you have consented to the disclosure.

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Safe Community Resources can also provide customisation services to your organisation in the area of implementation of the **Safe Community Framework** for your organisation.

**Disclaimer**: This publication is not legal advice. The ideas and procedures herein are based on nationally recognised good practice advice and have been written with due regard to Australian legislation March 2020.
Legal advice may need to be sought when responding to individual incidents.