

**LCA NSW DISTRICT**  
**Ministry Role Application Form**



**Ministry Role applied for:** \_\_\_\_\_

**Please return completed form to:** \_\_\_\_\_

**Personal Details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

email address: \_\_\_\_\_

Do you hold a current Working With Children Check (in NSW) or Working With Vulnerable People Check (in ACT) Yes / No (Please circle)

WWCC or WWVP Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Emergency contact details:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Tell us about yourself:**

Please name the Church you attend, and how long you have been a member.

Outline your reasons for offering to serve in this ministry area?

\_\_\_\_\_

\_\_\_\_\_

Do you have any previous experience in this area?

\_\_\_\_\_

\_\_\_\_\_

List any training/qualifications (including first aid) you have and expiry dates.

\_\_\_\_\_

\_\_\_\_\_

Are there any medical conditions or other relevant information or limitations (eg.epilepsy) that may affect your ability to fully participate as a volunteer? Yes / No (Please circle)

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referees:**

Please give details of two (2) people who have agreed to be your referees.

These people must NOT be related to you.

Contact details:

Name: _____	Name: _____
Address: _____	Address: _____
_____ P/code: _____	_____ P/code: _____
Home Phone: _____	Home Phone: _____
Mobile: _____	Mobile: _____

Have you ever been convicted of a criminal offence? Yes / No

Details \_\_\_\_\_

**Child Protection Statement:**

Children and young people who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each child and young person.

Within this context, we are committed to the protection of children and young people from all forms of abuse.

1. Have you ever been interviewed, questioned or charged by Police in relation to any offence involving children/young people? Yes / No
2. Have you ever been convicted of any offence involving children, young people, violence, alcohol or drugs? Yes / No

**If 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form.**

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

I confirm that the information I have given is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18 years of age and applying for a Junior Team Member position, your application MUST also be signed by your parent or legal guardian.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_