



# ***THE FOURSQUARE CHURCH AUSTRALIA***

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## **VOLUNTEER & SALARIED OR NON-SALARIED STAFF** **ENGAGEMENT FORM 2019**

Name: (Please print name in full) \_\_\_\_\_

**Role:** (Please specify local church role) \_\_\_\_\_

### **1. General Conditions**

I agree to carry out my tasks as a volunteer/salaried/non-salaried (delete which is not applicable) officer within the “\_\_\_\_\_ Church”, in accordance with the principles, beliefs, and values of the Church of the Foursquare Gospel (Australia) Ltd. I must exercise due care for the protection, safety and behaviour of all young people in my care and under my supervision.

### **2. I commit myself to:**

- Maintain a daily walk with Christ
- Diligently safeguarding all people under my direct responsibility

### **3. Volunteer Statement:**

- I acknowledge that the “\_\_\_\_\_” Church of the Foursquare Gospel (Aust.) has special responsibilities to the students, their parents, and carers.
- I agree to carry out my tasks in accordance with the general conditions set out above and any special conditions set out below.
- I wish to provide my services on the above basis to the Church of the Foursquare Gospel (Aust.) and acknowledge I am responsible to my authorizing agent (the local Church Minister) and his/her successors, and the denominational Board of Directors.

### **4. Officer’s Statutory Declaration**

I hereby solemnly and sincerely declare that:

- I have never been convicted for violence, sexual assault, the provision of prohibited drugs or any crime against a minor.
- I understand that spot checks are made to verify the above and hereby give my permission for any police checks which may be necessary.
- I understand that should I fail to meet my commitments as set out above, I could be asked to withdraw from the ministry.

And I make this declaration conscientiously believing it to be true and in accordance with provision of the OATHS Act of 1900.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness (Adult over 18 years of age) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORIGINAL COPY OF THIS FORM IS TO BE RETURNED TO DISTRICT SUPERVISOR’S OFFICE.  
DUPLICATE COPY OF THIS FORM TO BE SECURELY MAINTAINED BY LOCAL CHURCH OFFICE.**

[FORM B]- 2019

