



## **SAFEVOLUNTEER REGISTRATION FORM**

(to be completed by Every Volunteer)

PRIVATE & CONFIDENTIAL Revised October 2025

Synod Term	<b>2026-27</b> (2 years from 1 Jan 202	26)		
Church / Parish:		Archdeaconry:		
Vicar or Priest in Charge:		HP No.:		
FOR	Sunday School / Youth Ministry / W	omen Fellowship / Men's / Senior ,	/ etc. :	
Name:		MyKAD / IC No:		
Date of Birth:		HP No.:	HP No.:	
Home Address:				
Emergency	Name & HP No.: Relationship:			
Contact:				
Referee Details	Name:	Name:	Name:	
	MyKAD / IC No:	MyKAD / IC No:	MyKAD / IC No:	
	Email:	Email:		
	HP No.:	HP No.:	HP No.:	
	Relationship with Volunteer:	Relationship with Volunteer:		
	Signed by Referee 1:	Signed by Referee 2:		
Declaration	at I have no health reason(s) that will put the	person(s) I will serve at risk	Yes / No	
<ol> <li>I understand that I have no health reason(s) that will put the person(s) I will serve at risk.</li> <li>I know of no past behaviour that makes me un-fit to serve as a volunteer.         Behaviours include being subject of an allegation of abuse (sexual, substance), any type of molestation, indecent exposure, grooming, harassment or intimidation.     </li> </ol>			Yes / No	
3. I know of no police caution, warning, reprimand, charge of conviction that makes me un-fit to serve as a volunteer in this church/parish (other than traffic offenses).			Yes / No	
4. I desire for the church to be as a space for safety to any minor or any other persons.			Yes / No	
5. I understand that any material mis-statement in or omission from this declaration may render me unfit to serve as a volunteer in this church/parish.			Yes / No	
6. I desire to serve in a manner be-fitting the Gospel of our Lord Jesus Christ.			Yes / No	
I declare that the	information provided above is true and correc	t.		
Date:			Signature	

## Notes:

- 1. Parish are to keep a file of all completed registration forms in the church office.
- 2. Parish are to go online to register their volunteers using the online SafeVolunteers register.