

“IN CONFIDENCE”



WESTERN AUSTRALIAN  
**CHRISTIAN FOOTBALL**  
 ASSOCIATION

FFA REGISTRATION NUMBER									
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## FORM 2

This application form is **mandatory** for all positions involving leadership or responsibility or working with minors within the Western Australian Christian Football Association Inc. The WACFA By-Laws and Constitution state that “each and every Club Officer, team coach, team manager, referee and person in any position of leadership within the Club...” and “each Office Bearer [member of the Management Committee] of the Association must be a Christian who (a) supports the objects of the Association; (b) believes in and completely supports the entire Statement of Faith set out in Rule 3; (c) regularly attends and is accountable to a constituted Christian church or recognised Christian fellowship that considers itself as belonging to the body of which Christ is the Head in accordance with Rule 3.8; and (d) leads a life that is compatible with biblical Christian principles.” Rule 3 is the Statement of Faith reproduced on page 3 of this document.

*Clubs must ensure that this form is **completed** and a copy sent to the Registrar of WACFA for each Club Officer, team coach etc. **prior to commencement of the soccer season and prior to the applicant carrying out any duty that requires it.** In the case of nominations to the Management Committee of WACFA, this form is to be fully completed by the deadline for nominations stipulated by the Management Committee.*

*A working with children check is also needed if the applicant does not have any children participating in the WACFA competition. A working with children check can be acquired from the post office.*

*Information about the applicant/ nominee (“the Applicant”) obtained in connection with this application will be treated in the strictest confidence.*

### The Applicant

*This section normally filled by the Applicant*

Name: .....  
First name Middle Family name

Date of birth:.....

Nominating Club: .....

Position(s) applied for: .....

Present address: .....  
Number Street

.....  
City State Postcode

Telephone: hm.....w.....mob.....

Marital status:..... **Email address**.....

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**Personal Information**

*This section normally filled by the Applicant*

Name and address of church or fellowship of which you are currently a member or regular attendee:

.....  
.....

Please list (name and address) any other churches you have attended regularly during the past five years:

.....  
.....  
.....  
.....

Do you have a police clearance? Yes / No details:.....

Do you have a Working With Children check? Yes / No

WWC details: .....

Why have you volunteered for this position? .....

.....  
.....  
.....  
.....

Please list any gifts, training, education, or other factors that have prepared you for this position:

.....  
.....  
.....  
.....  
.....

***All details must be filled in before it will be accepted by WACFA***



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**Applicant’s Reference (1)**

*First part to be completed by the referee*

**Must be from a Minister or Pastor of the Church attended by the applicant.** Reference shall be followed up by the nominating club prior to approval/ appointment.

Declaration: *I can recommend* .....  
Name of Applicant  
*as a person of good Christian character.*

Name and signature of Minister or Pastor:

.....  
Signature Name – BLOCK LETTERS Date

Name, denomination and address of Minister/Pastor’s church:

.....  
.....

Telephone:.....

***Nominating Club to fill out below:***

Result of contact with referee? Please circle one: POSITIVE NEGATIVE

Other comments:.....  
.....

Name and signature of Club Officer:

.....  
Signature Name – BLOCK LETTERS Date

Position in Club:.....

Telephone:.....

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**Applicant’s Reference (2)**

*First part to be filled by the Referee*

Must be from a person, not a relative, who knows the Applicant well. **Reference shall be followed up by the nominating club prior to approval/ appointment.**

Name:.....

Relationship to applicant:.....

Address:.....

.....

Telephone:.....

***Nominating Club to fill out below:***

Result of contact with referee? Please circle one:    POSITIVE                    NEGATIVE

Other    comments:.....

.....

Name and signature of Club Officer:

.....

Signature

Name – BLOCK LETTERS

Date

Position in Club:.....

Telephone:.....

***All references must be completed by different people. You cannot provide your own reference. This form must be lodged in WACFA office before any duties **can be carried out** or penalties will be applied to the Club.***

*It is the responsibility of the Member Club to ensure that this form is completed correctly before submission to the WACFA Registrar. Incomplete or incorrectly completed forms will be returned to the nominating club. Should this form be altered in any way it will be deemed invalid.*