

Aldersgate United Methodist Church Volunteer Application

In order to provide a safe environment for spiritual growth, Aldersgate United Methodist Church requires anyone volunteering with children/youth/vulnerable ministries complete the following application.

Name: _____ Date: _____

Area you want to volunteer in: _____

Gender _____ Date of birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____ Cell phone: _____

Email address: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interest, hobbies, skills: _____

Do you have a valid driver's license: _____

Do you have your own transportation: _____

Do you have liability insurance: _____

Why do you want to volunteer: _____

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each. References are confidential.

Name: _____

Address: _____

Daytime phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Name: _____

Address: _____

Daytime phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Name: _____

Address: _____

Daytime phone: _____ Evening Phone: _____

Relationship: _____

Length of time known: _____

Have you ever been charged, convicted of, or pled guilty to any crime, either a misdemeanor or a felony?
____ No ____ Yes

If yes, please explain fully: _____

Have you ever been exposed to an incidence of child abuse/elder abuse or neglect? ____ No ____ Yes

If yes, please explain fully: _____

The information contained in this document is complete and accurate to the best of my knowledge. I authorize any references listed to give information they have in regard to my character and ability to work with children /youth/vulnerable adults.

Signature

Date

***NOTE-A Background Check Agreement Form MUST be completed and signed and submitted with this application.**