

Asbury United Methodist Church Volunteer Application

Name _____ Date _____

Address _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email address _____

Occupation _____ Employer _____

Current job responsibilities and schedule _____

Previous work experience _____

Special interests, hobbies, and skills _____

How many hours per week are you available to volunteer? _____

_____ Days _____ Evenings _____ Weekends

Do you have your own transportation? _____ Do you have a valid driver's license? _____

Do you have liability insurance? (List policy limits and name of carrier) _____

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

How do you discipline your own children? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or any other crimes of violence, theft, or motor vehicle violations)? _____ NO _____ YES

If YES, please explain fully: _____

Have you ever been exposed to an incident of abuse or neglect of a minor?

_____NO _____YES If YES, what action did you take? _____

Would you be available for periodic volunteer training sessions? _____NO _____YES

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

References are confidential.

Name _____

Address _____

Daytime phone _____ Evening phone _____

Email address _____

Relationship to reference _____

Name _____

Address _____

Daytime phone _____ Evening phone _____

Email address _____

Relationship to reference _____

Name _____

Address _____

Daytime phone _____ Evening phone _____

Email address _____

Relationship to reference _____

Applicant's Signature _____

Date _____