

**Market Street United Methodist Church
Children's and Youth Ministry Volunteer Application**

Volunteer Application

Name _____ Date _____

Address _____

Daytime phone _____ Evening phone _____

How long have you been a member of Market Street UMC? _____

Occupation (if employed) _____

Employer (if applicable) _____

Current job responsibilities _____

Previous work experience _____

Previous volunteer experience _____

Special interests, hobbies, and skills _____

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

_____ Days _____ Evenings _____ Weekends

Can you make a one-year commitment to a volunteer role? _____

Do you have a valid driver's license? _____ Any restrictions? _____

Do you have vehicle 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? _____

In caring for children, we believe it is our responsibility to seek adult volunteers that are able to provide healthy, safe and nurturing relationships. Please answer the following questions accordingly. Answering yes to any of the questions will not automatically disqualify a volunteer from working with children. Any special concerns can be discussed individually with the pastoral staff.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft)?
___ yes ___ no. If yes, please explain fully _____

Have you had an experience in your life that you feel would impede your volunteer work with children and youth? ___ yes ___ no. If so, please explain if you feel comfortable? _____

Would you be available for periodic volunteer training? ___ yes ___ no

Please return completed Volunteer Application form to Church Office

Amended 1/13/2010

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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.

1. Name _____
Address _____
Daytime phone _____ Evening phone _____
Relationship to applicant _____

2. Name _____
Address _____
Daytime phone _____ Evening phone _____
Relationship to applicant _____

3. Name _____
Address _____
Daytime phone _____ Evening phone _____
Relationship to applicant _____

Waiver and consent

I, _____, hereby certify that the information I have provided on this volunteer application is true and correct. I authorize Market Street UMC to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal background check or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give Market Street UMC whatever information they may have regarding my character and fitness for the volunteer role/task that I perform

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

_____ Signature of Applicant	_____ Date
_____ Signature of Witness	_____ Date

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