



# Volunteer Application

I am interested in serving in the following ministry area(s): *(check all that apply)*

- Children's'   
 Students'   
 Music (children and/or youth)   
 Special Needs

(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities & schedule: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

How long have you been active at FUMC Stanley? \_\_\_\_\_

What about your faith experience leads you to want to serve in this way? \_\_\_\_\_

Previous volunteer experience (church and/or community): \_\_\_\_\_

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

Special interests, hobbies, skills: \_\_\_\_\_

When are you most available to volunteer?     Days     Evenings     Weekends

Do you have any other limitations we should know about?     Yes     No

If yes, please explain: \_\_\_\_\_

Are you willing to attend annual volunteer training sessions?     Yes     No



# Volunteer Applicant Reference Form

Name of Applicant \_\_\_\_\_

List two references ***not related to you*** with full contact information.  
The application process cannot be completed without full contact information.

Reference #1	Phone(s)
Address	
City, State, Zip	
Best time to contact:	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Reference #2	Phone(s)
Address	
City, State, Zip	
Best time to contact:	<input type="checkbox"/> Daytime <input type="checkbox"/> Evening

Signature of Volunteer Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Request for Records Form

**Our own experiences of abuse and/or neglect can impact our ability to care for others who are vulnerable. If you would like to talk with one of our pastoral staff about your experiences, or about any answers you have provided, we encourage you to do so.**

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, and other crimes of violence, theft, or motor vehicle violations?

Yes       No

If yes, please explain: \_\_\_\_\_



## Authorization and Request for Criminal Records Check

\_\_\_\_\_ hereby authorize First United Methodist Church Stanley to request information regarding any record of convictions contained in files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including, but not limited to, convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release First United Methodist church of Stanley NC from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
All other names you have used (if any)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
City and State of birth

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Driver's License number

\_\_\_\_\_  
State issuing license

\_\_\_\_\_  
License expiration date

\_\_\_\_\_  
First United Methodist church of Stanley values its volunteers highly. This information, as well as any reports resulting from this application, will be held and stored in strictest confidence. A copy of this report will be available to you upon request.