

Gethsemane United Methodist Church Volunteer Application

Individual Information (required of all who would work with children or youth, **all information is kept strictly confidential**)

Name: _____

Address: _____

Daytime phone: _____

Evening phone: _____

What volunteer position(s) or area(s) of service interest you at Gethsemane UMC? _____

Occupation: _____

Employer: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

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

Days _____ Evenings _____ Weekends _____

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

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have automotive liability insurance? (list policy limits and name of carrier, in case you would have to transport children or youth) _____

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, other crimes of violence, theft, including motor vehicle violations)? ___ No ___ Yes If yes, please explain fully:

Have you ever been exposed to an incident of child abuse or neglect? __Yes __NO

If yes, how do you feel about the incident?

Would you be available for periodic volunteer training sessions at GUMC in Safe Sanctuary procedures?

___ Yes ___ No

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.

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

3. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

I give my permission for Gethsemane UMC to contact the persons who I have given as references.

Signature of Applicant

Date