

Volunteer Application
St. Mark United Methodist Church

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

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? _____

_____ 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 liability insurance? _____

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

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

Have you ever been charged with, convicted of, or pled guilty to a crime, either a misdemeanor or felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? _____No _____Yes
If yes, please explain fully:

Would you be available for periodic volunteer training sessions? _____

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

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to the reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to the reference: _____

3. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to the reference: _____

Signature of Applicant

Date

Permission to run a background screening for employment/volunteer purposes

In connection with your application for employment or volunteer at St. Mark UMC, we may procure report on you from LexisNexis Screening Solutions. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the report.

By your signature below, you hereby authorize St. Mark UMC to obtain a report about you in order to comply with our church policy.

Applicant's Name: _____

Other Names Used: _____

Applicant's Address: _____

City / State / Zip: _____

Social Security Number: _____

Driver's License Number and State: _____

Name as it appears on Driver's License: _____

Date of Birth: _____

I understand that the information provided in this application is confidential. Only those with St. Mark United Methodist Church screening authority will be privy to its contents. This may include members for the Safe Sanctuaries Board, Senior Pastor, Staff-Parish Relations Chairperson, Youth and/or Children's Director, Sunday School Superintendent, Church administrator, and Church Staff Members under whom I will volunteer. Having completed this application and by signing below, I hereby authorize investigators to conduct a background check for the purposes of this volunteer application.

Applicant's Signature: _____

Date

Witness: _____

Date