

First United Methodist Church

Volunteer Application Form

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail Address (optional) _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (year): _____

Do you have children in the program? Yes No

If yes, at what level? _____

Special Certification (i.e. CPR, Medical, etc.): _____

Do you have a legal driver's license: Yes No

Driver's License #: _____ State _____

Have you ever been convicted of or plead guilty to any crimes(s): Yes No

If yes, describe each in full: _____

Have you ever been refused participation in any other children/youth programs?

Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

Children Ministry Youth Ministry VBS Fall Festival

Trips Confirmation Nursery Other _____

If you have not been a member or attending First United Methodist Church for more than one year, please list three references, at least one of which has knowledge of your participation as a volunteer in a children/youth program:

Name	Phone
_____	_____
_____	_____
_____	_____

As a condition of volunteering, First United Methodist Church may conduct a background check on me. This check which may include a review, if required under First Methodist Background Check Policy, of sex offender registries, child abuse and criminal history records. I understand that, if accepted, my position is conditional upon the church receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability First United Methodist Church, The United Methodist Church, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous positions, First United Methodist is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Senior Pastor and removal by the Ministry Staff for violation of First United Methodist policies or principles.

Applicant Signature _____ Date _____

Applicant Name (please print or type) _____

Note: First United Methodist Church of Baton Rouge, or any of its entities will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, or disability.

First United Methodist Church use ONLY:
 Background check was completed by Business Administrator _____
 on _____
 System(s) used for background check (minimum of one must be checked):

Only attach to this application copies of background check reports that reveal convictions of this applicant.