

This volunteer application is to be completed by all volunteering to serve in supervision of children and youth under the age of 18 years old. It is being used to assist Maples Memorial United Methodist Church to provide a safe and secure space for all who engage in ministries at Maples Memorial UMC.

GENERAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____

Driver's License # _____ State: _____

Emergency Contact _____ Relationship: _____ Phone #: _____

MINISTRY VOLUNTEER AREA

What volunteer position are you applying for?

Have you had experience volunteering in this area?

Have you served in a volunteer or paid staff ministry position at another church?

Have you had CPR, first aid or other medical training?

Are you currently certified in CPR, First Aid or other medical training?

Why do you desire to serve at Maples Memorial United Methodist Church?

CHURCH AFFILIATION

How long have you been attending Maples Memorial UMC?

Are you a member of Maples Memorial UMC?

Do you agree to follow the United Methodist Church doctrines and be a regular attendee in worship?

What other churches have you attended?

CONFIDENTIAL BACKGROUND INFORMATION

- ❖ Have you ever been convicted, or plead guilty or plead no-contest to any crime or misdemeanor? (do not include minor traffic violations)
- ❖ Have you ever been charged, indicted, or convicted of having committed any act of: neglect, abuse, bullying, or molestation against any person?
- ❖ Have you ever been convicted of any crime against children or other persons?
- ❖ Have you ever been reported for child abuse or neglect?
- ❖ Have you been convicted of the possession, use, or sale of drugs within the last seven years?
- ❖ Have you ever been restricted or prohibited from teaching or working with children/youth?

REFERENCES

Please provide two non-related references.

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

STATEMENT AND CONSENT OF VOLUNTEER APPLICANT

The information contained in this application is true and correct to the best of my knowledge. If any of the information changes, I will immediately notify Maples Memorial UMC. I give my consent and authorize Maples Memorial UMC to take all reasonable measures to verify all information supplied and conduct a complete background check on me.

If this application is accepted,

- ✓ I agree to refrain from unscriptural conduct in the performance of my volunteer ministry on behalf of Maples Memorial UMC.
- ✓ I agree to be in worship at Maples Memorial on a regular basis.
- ✓ I will follow the United Methodist policies and the book of Discipline.
- ✓ I will support Maples Memorial UMC with my prayers, my presence, my gifts, my service, and my witness.

Signature of Volunteer Applicant

Date

Staff Member Received By

Date