

VOLUNTEER APPLICATION FOR MARY TAYLOR MEMORIAL UMC
(Please print or type.)

Name _____ Male () Female ()

Address _____

City _____ State _____ Zip _____

Home Phone _____ How long at present address? _____

Previous Address _____ How long at previous address? _____

I am () Adult ___ Occupation _____

() Student ___ Age ___ Current Grade _____ School _____

Birthdate _____ Email: _____

Church _____ How long at this church? _____

Emergency Contact Name _____ Phone Number _____

Volunteer Position Desired _____

Present Employer _____

Have you ever applied here before? _____ If so, when? _____ Position? _____

Who referred you? _____

Have you completed any First Aid Training? _____

If so, when were you last certified? _____

References: (Not immediate family and over the age of 21)

1. _____

Name

Address

() _____ () _____ How long have you known this person? _____

Business Phone

Home Phone

2. _____

Name

Address

() _____ () _____ How long have you known this person? _____

Business Phone

Home Phone

Education Background (list Diplomas, Degrees, and Certification) - (Optional):

School/Institution	Address	Title	Dates

List any other education experiences (i.e., training programs attended, workshops, conferences, courses, etc. and date(s) attended _____

List any other experiences and dates working with children _____

Why do you want to serve in this position? _____

What talents or gifts do you possess? _____

When would you be available to begin? _____

Have you ever been convicted of a felony including any involving a suspended sentence: Yes ____ No ____

Have you ever been reported for child abuse or neglect? Yes ____ No ____

Have you ever been involved in a vehicle infraction or misdemeanor? Yes ____ No ____

If yes on any of the above, provide details and disposition.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies, such as Department of Human Services or state law enforcement, listed above to be contacted or by conducting a criminal records check for the expressed purpose of pre-employment screening.

_____ Date

_____ Applicant's Signature