

VOLUNTEER APPLICATION FORM

ST. LUKE'S UNITED METHODIST CHURCH

Youth Ministry

The information obtained on this form is for internal use by this local church only.

Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Home Telephone _____ Business Telephone _____

Position applied for _____

Occupation, current employer, and business address:

Time at this employment: ____ years _____ months

List (name & address) of previous ministers, employers, or personal references who may be contacted.

- Minister:
- Employer:
- Personal:

Describe your background working in other similar programs. (Include information about church-related, volunteer, and paid experience you may have.)

Groups you are currently active in:

Have you ever been convicted of any criminal offense?	Yes	No
Have you ever been charged with or convicted of child neglect or abuse?	Yes	No
Have any complaints or allegations of misconduct involving children ever been made against you?	Yes	No
Have you been convicted of the possession, use, or sale of drugs?	Yes	No
Within the past 30 days have you abused alcohol, legal or illegal drugs?	Yes	No
Have you been convicted or plead guilty to a traffic offense within the last 5 years?	Yes	No

Current drivers license number:

Please explain fully any YES answers to the above questions. In addition to the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (Explain)

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information, and this release may be sent to any reference. I also agree to hold harmless the St. Luke's Methodist Church, and the officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature _____ Date _____