

SURFSIDE UMC (SUMC)
VOLUNTEER APPLICATION AND REFERENCE FORM

Personal Information

Name:

First	Middle	Last
-------	--------	------

Address: _____

Street / P.O. Box	City	State	Zip
-------------------	------	-------	-----

Home Phone: _____ **Cell Phone:** _____

Email: _____

Driver's License Number/ State: _____ Social Security #: _____

Occupation: _____ Employer: _____

Volunteer Ministry Positions in which you wish to serve: _____

Why would you like to volunteer as a worker with children, youth and/or vulnerable adults?

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

What gifts, talents, skills, or hobbies would you enjoy sharing as part of your ministry?

How many hours per week are you available to volunteer?
_____ Days _____ Evenings _____ Weekends

How were you parented as a child? _____

How do you discipline your own children/grandchildren? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a 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: _____

Have you ever been exposed to an incident of child abuse or neglect?

_____ No _____ Yes
If yes, how did you feel about the incident? _____

Church and Volunteer History

How long have you been a member/active participant at Surfside UMC? _____

List previous volunteer work involving children, youth and/or vulnerable adults:
Type of Work / Age-Level / Dates of Service / Name & Address of Organization

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

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to Reference: _____

Applicant Verification and Release:

I attest that all of the information that I have provided is true and correct. I authorize Surfside UMC to contact my references and to conduct a background check. I have carefully read the Child and Youth Abuse Prevention Policy of SUMC, and I agree to abide by it.

Printed Name: _____

Signature: _____ Date: _____