Fayetteville First United Methodist Church Volunteer Application

We are excited that you are interested in volunteering with the children and/or youth of our church. For your protection and to protect the children/youth entrusted to our care, we ask that each volunteer who will be working with these groups complete a volunteer application.

Name:			
Last		First	Middle
Identity must be confirm	ed with a state dri	ver's license of	r other photographic identification.
Present Address:			
City:			
State:	Zip:	Hom	e Phone:
			er:
Number of years you ha			
-	blease list prior chu		s:
Areas you are most inter	ested in volunteeri	ng:	
List any gifts, callings, that and youth work:	•		rs that have prepared you for children
How many hours per we Days Eve	•		?
Do you have your own the	ransportation?		
Do you have a valid driv	ver's license?	_ Num	ıber:
Why would you like to v	volunteer as a work	ter with childre	en and/or youth?

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)? _____ Yes _____ No

Please list three personal references (not former employees or relatives) with complete addresses and telephone numbers.

1.	Name:
	Address:
	Telephone:
	Relationship to reference:
2.	Name:
	Address:
	Telephone:
	Relationship to reference:
3.	Name:
	Address:
	Telephone:
	Relationship to reference: