

The South Carolina Annual Conference of the United Methodist Church

VOLUNTEER APPLICATION / REFERENCE

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Employer: _____

Current Job Responsibilities and Schedule: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Special Interests, Hobbies, and Skills: _____

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (list policy limits and name of carrier) _____

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?

How were you parented as a child? _____

How do you discipline your own children? _____

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? _____

Would you be available for periodic volunteer training sessions?

_____ No _____ Yes

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: _____

Signature of Applicant Date