

Appendix A

NOLENSVILLE FIRST UNITED METHODIST CHURCH VOLUNTEER APPLICATION

Position Applied For: _____

Name: _____

Address: _____
Street *City* *Zip*

Daytime Phone: _____ Evening Phone: _____

Email (home): _____ Email (work): _____

Occupation: _____

Employer: _____

Current job responsibilities: _____

Previous work experience: _____

Are you: Single Married Widowed Divorced

Do you have children? Yes No

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

I have been trained in CPR First Aid Date completed: _____

In what areas of the church are you presently attending? (S.S., Bible Study, Wesley, etc.) _____

In what areas of the church are you currently volunteering? _____

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

Name: _____

What is your understanding of the time commitment this position requires? _____

Have you taken our Spiritual Gifts survey? Yes No If yes, what were your spiritual gifts?

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

Do you understand that you will be required to attend periodic volunteer training sessions?

Yes No

Briefly tell about your faith walk. (Use the back or you may attach another sheet) _____

REFERENCES

Please list three references, one church and two personal, (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: _____

Name: _____

REFERENCES, continued

3. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to reference: _____

I have read and understand the job description and expectations of this position. Yes No

I have received a copy of the Safe Sanctuary Policies and understand that I am to abide by them
 Yes No

Signature of applicant

Date

(Office Use Only)

Reviewed by: _____
Name *Date*

Background check done on: _____ Volunteer start date: _____

Area of service: _____ Comments: _____