

**VOLUNTEER APPLICATION FORM  
THE UNITED METHODIST CHURCH**

*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 \_\_\_\_\_

List (names) other churches you have attended regularly the past five years:

Name / telephone or email / of pastor, and employer and personal reference who may be contacted:

Pastor:

Employer:

Personal:

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 on the back of this paper. 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 on the back of this paper.)

**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 (name) United 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 \_\_\_\_\_

*SAMPLE ONLY. Please review  
with local attorney or other  
authority prior to use.*