

Volunteer Application for Sun Prairie United Methodist Church

This application is to be completed by all persons who desire to work on a regular basis with children, youth or at risk population in our church's ministries. This application form is being used to help the church provide a safe and secure environment for the protection of the church and all God's people under the care of the church. * Indicates mandatory fields. PLEASE PRINT LEGIBLY.

*First Name _____ *Middle _____ *Last Name _____

*Maiden or Former Names or Alias _____

*Sex _____ *Race _____ *Date of Birth _____ *Social Security Number _____

Mailing address _____ City _____ State _____ Zip _____

How long at the present address? _____ Home phone _____

Previous Address (If at present address for less than two years)

I am an () Adult Occupation _____

Present Employer _____ May we inquire of your employer? _____

() Student Age _____ Current Grade _____ School _____

Name of church of which you are a member or attending: _____ How long? _____

If less than one year, list the name, address, telephone number and name of the pastor of the previous church you regularly attended:

Emergency contact name _____ Phone _____

Volunteer position desired: _____

Have you ever filled out an application to volunteer here before? _____ If so, when? _____

Position requested on former application _____

Our church has an open door policy, which means that a parent, volunteer or church staff may visit/observe at any time. Are you comfortable with this atmosphere? _____

In most instances, our church requests two teachers/leaders for all children and youth activities. Are you comfortable with team teaching?

_____ Yes _____ No

Do you have a valid Driver's License? _____ Yes _____ No Driver's License # _____

Do you have Driver's liability insurance? _____ YES _____ NO Carrier's Name _____

Have you had any traffic violations within the past five years? If yes, please specify what for and the date of the ticket(s).

Sun Prairie United Methodist Church reserves the right to deny volunteer opportunities to anyone at its sole discretion.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge. I am granting permission to SPUMC to contact any and all persons, organizations, or agencies relating to my criminal background check for the express purpose of volunteer screening.

APPLICANT'S SIGNATURE PARENT/GUARDIAN/CAREGIVER SIGNATURE IF UNDER 18 DATE