

Asbury UMC Volunteer Application

Name: _____

Full Address: _____

Phone: _____ Email: _____

Employer & Occupation: _____

Previous Volunteer Experiences: _____

Special Skills/Interest/Hobbies: _____

Which time is better for you to volunteer?: _____ Days _____ Evenings _____ Weekends

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

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

Have you ever been charged 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? 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? _____

FOR NEW APPLICANTS ONLY

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 person listed.
References are confidential.

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____