St. Marys Methodist Church

Children and Youth Volunteer Application

Name:_____

Address:_____

Daytime Phone:_____ Evening Phone:_____

Previous volunteer experience:_____

_____

_____

Special interests, hobbies and skills:_____

_____

_____

_____

_____

When are you available to volunteer?

Sunday Night Youth Y N	Wednesday Nights Y N	Sunday School Y N	Youth Small Groups Y N
Children's Church Y N	Service Saturdays Y N	Youth Trips (weekend/retreats/day trips) Y N	Children Trips (weekend/retreats/day trips) Y N
Vacation Bible School Y N	Youth Choir Y N	Children's Choir Y N	Van Driver Y N

Are you able to fulfill a one-year commitment to this volunteer role?_____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Are you willing to have a background check done (federal and state)?

___ Yes ____ No

Are you willing to participate in a child abuse prevention training session?

___ Yes ___ No

Would you be available for periodic volunteer training sessions? ____ Yes ___ No.

References: Please list three personal references (people who are not related to you by blood or marriage) and provide 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