

# First United Methodist Church

## Volunteer Application Form

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED AND USED TO VERIFY INFORMATION BELOW.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.): \_\_\_\_\_

Previous volunteer experience (year): \_\_\_\_\_

Do you have children in the program? Yes  No

If yes, at what level? \_\_\_\_\_

Special Certification (i.e. CPR, Medical, etc.): \_\_\_\_\_

Do you have a legal driver's license: Yes  No

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crimes(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

Have you ever been refused participation in any other children/youth programs?

Yes  No

If yes, explain: \_\_\_\_\_

In which of the following would you like to participate? (Check one or more.)

Children Ministry  Youth Ministry  VBS  Fall Festival

Trips  Confirmation  Nursery  Other  \_\_\_\_\_

If you have not been a member or attending First United Methodist Church for more than one year, please list three references, at least one of which has knowledge of your participation as a volunteer in a children/youth program:

Name

Phone


As a condition of volunteering, First United Methodist Church may conduct a background check on me. This check which may include a review, if required under First Methodist Background Check Policy, of sex offender registries, child abuse and criminal history records. I understand that, if accepted, my position is conditional upon the church receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability First United Methodist Church, The United Methodist Church, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous positions, First United Methodist is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the Senior Pastor and removal by the Ministry Staff for violation of First United Methodist policies or principles.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

*Note: First United Methodist Church of Baton Rouge, or any of its entities will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, or disability.*

**First United Methodist Church use ONLY:**

Background check was completed by Business Administrator \_\_\_\_\_  
on \_\_\_\_\_  
System(s) used for background check (minimum of one must be checked):

*Only attach to this application copies of background check reports that reveal convictions of this applicant.*