

## Volunteer Application

I am interested in serving in the following ministry area(s): *(check all that apply)*

Childrens'  Students'  Music (children and/or youth)  Special Needs

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities & schedule: \_\_\_\_\_

\_\_\_\_\_

Previous work experience: \_\_\_\_\_

\_\_\_\_\_

How long have you been active at Christ Church? \_\_\_\_\_

What about your faith experience leads you to want to serve in this way? \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience (either at church or in the community): \_\_\_\_\_

\_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

\_\_\_\_\_

Special interests, hobbies, skills: \_\_\_\_\_

\_\_\_\_\_

When are you most available to volunteer? Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Do you have any other limitations we should know about? \_\_\_\_\_

\_\_\_\_\_

Are you willing to attend annual volunteer training sessions? Yes \_\_\_\_\_ No \_\_\_\_\_

## Volunteer Applicant Reference Form

Please list two references (who are not related to you) with full contact information:  
*(The application process cannot be completed without full contact information.)*

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**Please return this form to Patty Groot  
Lay Ministry Coordinator, Christ Church United Methodist**

## Volunteer Request for Records Form

**Our own experiences of abuse and/or neglect can impact our ability to care for others who are vulnerable. If you would like to talk with one of our pastoral staff about your experiences, or about any answers you have provided, we encourage you to do so.**

Have you ever been convicted 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, or motor vehicle violations)?

No\_\_\_\_ Yes\_\_\_\_

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

\_\_\_\_\_

### Authorization and Request for Criminal Records Check

I, \_\_\_\_\_ hereby authorize Christ Church United Methodist to request information regarding any record of convictions contained in files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release Christ Church from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Your full name (print): \_\_\_\_\_

All other names that you have used (if any)(please print): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_

*Christ Church values its volunteers highly. This information, as well as any reports resulting from this application, will be held and stored in strictest confidence. A copy of this report is available to you upon request.*

**Please return this form to:**

**Patty Groot, Lay Ministry Coordinator, Christ Church United Methodist, 4614 Brownsboro Rd, Louisville KY 40207**

## **Guide for Checking Volunteer Applicant References**

Volunteer Applicant name: \_\_\_\_\_

Name of reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?

9. Do you know any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

11. Please list any other comments you would like to make:

Reference inquiry completed by: \_\_\_\_\_

Signature

Date

\_\_\_\_\_  
Phone number (or extension)

*Confidentiality should be maintained regarding all volunteer applicants reference checks.*

Please return this form to:

Patty Groot, Lay Ministry Coordinator

Christ Church United Methodist