

HIBBEN UNITED METHODIST CHURCH VOLUNTEER APPLICATION/REFERENCE

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Occupation & Employer: \_\_\_\_\_

How long have you been a member of Hibben UMC? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

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

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How many hours are you available to volunteer? \_\_\_\_\_

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Please provide a copy.

Do you have auto insurance? \_\_\_\_\_ Please provide a copy of insurance card.

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

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

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Have you ever been charged, 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 so, please explain fully:

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Have you ever been exposed to an incident of child abuse or neglect? \_\_\_No \_\_\_Yes If yes, how did you feel about the incident?

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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. References are confidential.

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_