

Volunteer Application Form
New Life Community Church, A United Methodist Congregation

The information obtained on this form is for internal use by this local church only.

Name _____ Date of Birth _____

Address/City/State/Zip _____

City, State, Zip _____

Home # _____ Business # _____ Cell # _____

Position applied for _____

Occupation, current employer, and business address (if applicable): _____

Time at this employment: _____ years _____ months _____ Retired

List (name & address) of other churches you have attended regularly in the past five years:

Name/address/telephone number of pastor, employer, and personal references who may be contacted.

Pastor: _____

Employer: _____

Personal: _____

Other: _____

Groups you are currently active in: _____

Have you ever been convicted of any criminal offense? Yes No

Have you ever been charged with or convicted of child neglect or abuse? Yes No

Have any complaints or allegations of misconduct involving children ever been made against you? Yes No

Have you been convicted of the possession, use, or sale of drugs? Yes No

Within the past 30 days have you abused alcohol, legal or illegal drugs? Yes No

Have you been convicted or plead guilty to a traffic offense within the last 5 years? Yes No

Current drivers license number: _____

Please explain fully any YES answers to the above questions on the reverse side of this application. In addition to the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (Explain)

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information, and this release may be sent to any reference. I also agree to hold harmless New Life Community Church, and the officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature

Date
