



**FIRST UNITED METHODIST
CHURCH OF PENSACOLA**

VOLUNTEER APPLICATION
Safe Sanctuaries Policy

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # (_____) _____ Work Phone # (_____) _____

Employer _____

Current Job Responsibilities and Schedule _____

Previous Work Experience _____

Previous Volunteer Experience _____

Special Interests, Hobbies, and Skills _____

How many hours per week are you available to volunteer? _____

When are you available to volunteer? Days Evenings Weekends

Can you make a one year commitment to this volunteer role? Yes No

Do you have your own transportation? Yes No Do you have a valid driver's license? Yes No

Do you have liability insurance? Yes No *If Yes, Policy No. and Carrier Name* _____

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

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

How were you parented as a child? _____

How do you discipline your own children? _____

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)?

Yes No

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect? Yes No

If yes, how did you feel about the incident?: _____

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 a complete address and phone information for each. References are confidential.

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # (_____) _____ Work Phone # (_____) _____

Relation to Reference _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # (_____) _____ Work Phone # (_____) _____

Relation to Reference _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone # (_____) _____ Work Phone # (_____) _____

Relation to Reference _____

Signature of Applicant

Date