



Middletown United Methodist Church

924 Middletown-Lincroft Rd., Middletown, NJ 07748

732-671-0707

Web Site: www.middletownumcnj.org

VOLUNTEER APPLICATION FORM

(Children / Youth / Vulnerable Adults)

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____ Business Telephone: _____

E-Mail: _____ Cell Phone: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests and skills: _____

How many hours per week 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 liability insurance? _____ Yes _____ No

If so, list policy limits and name of carrier: _____

Why would you like to volunteer as a worker with children / youth/ vulnerable adults (as applicable)?

What qualities do you have that would help you work with children / youth / vulnerable adults (as applicable)?

How were you parented as a child / youth?

(Children) How do you discipline your own children?

(Youth) If you are a parent of teenagers, how do you discipline them?

(Vulnerable adult) If you are responsible for the care of a vulnerable adult, how do you discipline him/her?

Have you ever been exposed to an incident of abuse or neglect with children / youth/ vulnerable adults (as applicable)?
Yes _____ No _____

List (names and addresses) other churches you have attended regularly the past five years:

Name / Telephone or E-mail & Address of Pastor, Employer, and Personal Reference (with relationship) who may be contacted: (Use other side of paper if necessary.)

Pastor: _____

Employer: _____

Personal: _____

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, youth, or vulnerable adults 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 driver's license number: _____

Please explain fully any YES answers to the above questions in the space below or on the back of this paper.

In addition to the above, is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of children, young people, or vulnerable adults?
 Yes No

If YES, please explain in the space below or on the back of this paper.

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 the (name) United Methodist 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 _____