

VOLUNTEER APPLICATION

Richmond Hill United Methodist Church, Richmond Hill GA

RICHMOND HILL UNITED METHODIST CHURCH (RHUMC) ZERO-TOLERANCE POLICY

RHUMC is committed to protecting all children from sexual, emotional, and physical abuse while participating in programs here. Our zero-tolerance policy requires that all employees and direct volunteers immediately report any occurrence or suspected occurrence of abuse to the proper authorities within the church. To aid in the fulfillment of our policy, all volunteer applicants must complete this application form and submit to a criminal background check, before being assigned to any position directly involved with our children. Please answer or acknowledge every question. A resume will not be accepted as a substitute for the completion of this application.

PLEASE PRINT LEGIBLY AND BRING TO CHILDREN'S MINISTRY OFFICE AT CHURCH.

VOLUNTEER APPLICANT INFORMATION

Position Assignment: _____

Today's Date: ___/___/___

PERSONAL INFORMATION

Birth Date: (MM/DD/YYYY) ____ / ____ / ____

Name: Last _____ First _____ Middle _____

Other names you ever used (maiden, former married, aliases) _____

Current Address (P.O. boxes are NOT an acceptable address):

Street: _____

City: _____ State: _____ Zip: _____ County: _____

How long: _____ Yrs. _____ Mos.

Telephone: Home _____ - _____ - _____ Work _____ - _____ - _____

Cell _____ - _____ - _____ Email _____

Drivers License Number: _____ State of License: _____

Previous Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long: _____ Yrs. _____ Mos.

If you have moved, more than once in the last five years list all other addresses on the back of this form using the above format. **PLEASE PRINT LEGIBLY**

Do you have any limitations, including those that are physically, mentally or emotionally related, that might keep you from effectively working with children or that might have the potential to cause child harm? _____Yes _____No

If yes, please explain:

Have you ever been denied participation as a volunteer in any children's or youth program?

_____Yes _____No

If yes, please explain:

Have you ever been charged with, arrested for, indicted for, or plead guilty to a crime? _____Yes _____No

If yes, please explain:

Are you a member of Richmond Hill United Methodist Church? If Yes, How Long_____ No_____

Do you have any life, work, or volunteer experience which you believe will be helpful in working with our Children's ministries here at RHUMC? Please use the back of this form to tell us about yourself. **PLEASE PRINT LEGIBLY**

REFERENCES

List the name and telephone number of three persons, not related to you that we can contact. Please PRINT all responses.

1. Name_____Relationship_____

Telephone Number _____ Years Known_____

2. Name_____Relationship_____

Telephone Number _____ Years Known_____

3. Name_____Relationship_____

Telephone Number _____ Years Known_____

THANK-YOU FOR YOUR WILLINGNESS TO PARTICIPATE AS A CHILDREN'S VOLUNTEER IN OUR CHURCH. WE APPRECIATE AND VALUE YOUR TIME AND EFFORT IN THIS MINISTRY. GOD BLESS YOU.

PLEASE KNOW THAT ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT CONFIDENTIAL AND SECURE

