

# Volunteer Application for Working with Youth and Children

## Mt. Sylvan UMC

### Basic Information

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

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

Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's phone number: \_\_\_\_\_

Church Membership (check one): \_\_\_\_\_ Member \_\_\_\_\_ Regular Attendee

How long have you been attending Mt. Sylvan? \_\_\_\_\_

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

Previous work experience: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

### Education

High school: \_\_\_\_\_ Year graduated: \_\_\_\_\_

College or Vocational School: \_\_\_\_\_

Degree and Major: \_\_\_\_\_

Other education, training, license, or certificates: \_\_\_\_\_

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## **Ministry Experience**

List other churches in which you have volunteered; what did you do?

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## **Tell us about yourself!**

Please describe yourself in three words: \_\_\_\_\_

Describe a couple of highlights from your faith journey: \_\_\_\_\_

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What do you do to grow spiritually? \_\_\_\_\_

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What are your spiritual gifts? \_\_\_\_\_

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Please list any areas where you would like to grow, or special concerns that could affect your ministry with children and youth: \_\_\_\_\_

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What special qualities or strengths would you contribute to our children's or youth ministries?

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What are your expectations for children's or youth ministry?

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**In advance of the background check:**

Have you, whether rightly or wrongly, ever been involved in or accused of abuse, maltreatment, or neglect? (Check one)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been accused or convicted of possession/sales of controlled substances?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been accused or convicted of driving while under the influence of alcohol or drugs?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Do you use illegal drugs?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been arrested or convicted for any criminal act more serious than a traffic violation?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been involved romantically or sexually with any student in a youth or children's ministry?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever had sexual relations with any minor after you became an adult?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been a victim of any form of child abuse?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, would you like to speak to a pastor or counselor?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever gone through treatment for alcohol or drug abuse?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been asked to step away from work with children or youth in any setting? This includes both paid and volunteer positions.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Is there anything in your past or current life that might be a problem if we found out about it later?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**If the answer to any of these questions is "yes," please attach another page and write a full explanation. We will confidentially discuss these answers before you are cleared to work with children or youth.**

## Medical Information

Have you had any prior injuries that might affect your ability to work with children or youth?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain.

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Are you currently taking any medications that would affect your ability to work with children or youth?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain.

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Do you have any medical conditions that might be hazardous to others?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain.

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## References

Please provide **three** character references who can identify your strengths and weaknesses and describe your background. You are welcome to use one family member, but the others should be outside your family. Please have each of these references fill out one of the reference forms and submit them to the church. They can email them to Libba at [libba@mtsylvan.org](mailto:libba@mtsylvan.org) or mail them to the church office at 5731 N Roxboro St, Durham, NC, 27712, care of Libba McCluskey.

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

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

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