

SAFE SANCTUARIES
VOLUNTEER APPLICATION
Douglas First United Methodist Church
311 North Madison Avenue, Douglas, GA 31533 • 912-384-4404

Name (First, middle, maiden, last): _____

Address: _____

Daytime phone: _____ Evening phone: _____

E-mail address: _____

Occupation: _____

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? _____

Are you available: _____ Days _____ Evenings _____ Weekends

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (list policy limits and name of carrier) _____

Why would you like to volunteer with children and/or youth?

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

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)? _____ No _____ Yes

If yes, please explain fully: _____

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

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

Would you be available for periodic volunteer training sessions? _____ No _____ Yes

References: Please list three personal references (people who are not related to you by blood or marriage) and provide complete contact information for each. References are confidential.

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

3. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Signature of applicant: _____ Date: _____

SAFE SANCTUARIES
AUTHORIZATION AND REQUEST TO RUN BACKGROUND CHECK
Douglas First United Methodist Church
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I, _____, hereby authorize Douglas First United Methodist Church to request the police/sheriff's department to release information regarding any record of criminal charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: _____ Date: _____

Applicant's name (first, middle, maiden, last): _____

Print all other names that have been used by the applicant (if any):

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____