

FENTON UNITED METHODIST CHURCH

119 S. Leroy St., Fenton, MI 48430

810-629-2132

Snow Day Volunteer Application Form

Thank you for your interest in volunteering your time, talents and gifts with the children of our community. With your commitment, our programs continue to be successful. This form will be used to help the church provide a safe and secure environment for the children and youth who participate in our programs and use our facilities. This information form is to be completed by everyone who will be working with minors. This is NOT an employment application form. All information will be kept confidential, with access only by authorized persons. If you have questions or concerns, please contact the ministry leader, Dina Haase (810-714-9339).

Date _____ Birthdate _____

Name _____
(last) (first) (middle)

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone _____

Driver's License Number _____ (please provide a photocopy)

Are you 18 years or older? ___ Yes ___ No How long have you lived at the above address? _____

Name of the church that you currently attend _____

List your gifts, talents, training, education, profession or other factors that you are willing to bring to this ministry _____

Have you ever been convicted of a crime, either a misdemeanor or a felony? ___ Yes ___ No
If yes, please explain _____

Do you have an communicable diseases such as TB, Hepatitis B, HIV/AIDS? ___ Yes ___ No
If yes, please identify _____

Have you completed CPR Training? ___ Yes ___ No If yes, when? _____
Certified as ___ Adult ___ Child Expiration date _____

Have you completed First Aid Training? ___ Yes ___ No If yes, when? _____
Expiration date _____

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.

1. Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____
Evening Phone _____
Relationship _____
How long has this person known you? _____
2. Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____
Evening Phone _____
Relationship _____
How long has this person known you? _____
3. Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone _____
Evening Phone _____
Relationship _____
How long has this person known you? _____

AUTHORIZATION OF APPLICANT... The information contained in this application is correct to the best of my knowledge and has been documented and signed of my own free will. I agree to be bound by the policies of the Fenton United Methodist Church, and to refrain from immoral, illegal, or unethical conduct in the performance of my services on behalf of the church. I understand the Fenton United Methodist Church may conduct a background check and that any information will be kept confidential by responsible staff at Fenton United Methodist Church.

Signature of Applicant

Date

Parent/Guardian (if applicant is under 18 years of age)

Date