

# Victor United Methodist Church Volunteer Application

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Best 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? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_ No \_\_\_ Yes

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

\_\_\_\_\_

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

\_\_\_\_\_

I give permission for Victor United Methodist Church to contact past employers for reference purposes. \_\_\_ Yes \_\_\_ No

I agree to attend periodic volunteer training sessions. \_\_\_ Yes \_\_\_ No

I have read the information packet and Safe Sanctuary Policy and agree to Comply to it.

Signature of Applicant Date \_\_\_\_\_ Date \_\_\_\_\_

# Authorization to Conduct Criminal Records Check

(Please Read Carefully Before Completing and Signing)

The items of personal information requested below are needed to process your criminal records check.  
This information will be kept confidential with the Pastor, Christian Ed Coordinator and Chair of SPR.

Printed Full Name of Applicant:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Prospective Employer/Volunteer site name mailing address:

Victor United Methodist Church, 106 E Main St. Victor, NY 14564

Other names you have used, including maiden name and the dates) your name(s) changed

\_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/Day/Year)

List all your residential addresses for the past seven (7) years, starting with present address:

Street Address      City      State      Country      Zip Code      From (Mo./Yr.)      To (Mo./Yr)

\_\_\_\_\_

\_\_\_\_\_

(if more space is needed, please use back of this form)

Have you ever been convicted of a crime (Other than minor traffic offenses)? \_\_\_ Yes \_\_\_ No

If Yes, Please Explain Charges: (Use an additional sheet of paper if necessary)

\_\_\_\_\_

What State, What County, and What Year did these convictions occur?

\_\_\_\_\_

I authorize the Lexis Nexis Agency and their agents to conduct a criminal records check on myself as part of my application for employment, appointment or a volunteer position. This may include information contained in criminal files at the county, state, and federal Jurisdictions, credit I hereby release and hold harmless all persons, companies or corporations furnishing such information from liability and responsibility. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature.

Signature of Applicant \_\_\_\_\_ Date:      /      /

Return this completed form in a sealed envelope to: Victor UMC; c/o Safe Sanctuary, 106 E. Main St. Victor, NY 14564