



Please list any skills, talents, education, training, or experience that qualifies you for the position you are seeking, including professional licenses or certifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three personal references that have known you more than 3 years (do not list former employers):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Ph (H): \_\_\_\_\_  
 City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph (W): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Ph (H): \_\_\_\_\_  
 City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph (W): \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Ph (H): \_\_\_\_\_  
 City \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph (W): \_\_\_\_\_

Please List your City, State, County and dates of residence for the past 5 years:

| City  | State | County | Dates |
|-------|-------|--------|-------|
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |

|   |  |                             |
|---|--|-----------------------------|
| Will you commit to an annual training for volunteers who supervise children, youth and vulnerable adults? | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |
| If needed, would you be willing to provide transportation on a church sponsored outing?                   | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |
| If Yes, check all that apply:   | <input type="checkbox"/> I can transport in my own vehicle.<br><input type="checkbox"/> I have a valid driver's license<br><input type="checkbox"/> I am willing to authorize a check of my driving record<br><input type="checkbox"/> I have automobile liability insurance<br>Name of carrier and policy # |                             |

*Because Pilmoor Memorial UMC cares for our children, youth and adults and desires to protect them, we ask you to please answer the following questions. We understand these questions are personal and we will take all reasonable precautions to protect your privacy.*

Are you presently abusing alcohol or using any illegal drugs?

- Yes                       No

Have you ever been convicted of, pleaded "guilty" or "no contest" to , been placed on probation for, given probation, given community supervision, or given any deferred adjudication for a crime, or are you now under charges for any criminal offense (including, but not limited to, drug- or alcohol-related charges, child abuse, neglect, or other crimes)?

- Yes                       No

Are you aware of:

any personal traits or tendencies that could pose any threat to children, youth or vulnerable adults?

- Yes                       No

any reason why you should not work with children, youth or vulnerable adults?

- Yes                       No

Answering, "yes" to these questions will not automatically exclude you from volunteering. Please use the following lines for any explanations or details that you would like to include for any "yes" answers above.

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Please read and complete Page 4

|                                  |             |
|----------------------------------|-------------|
| <b>Church Use Only</b>           |             |
| Application Completed            | Date: _____ |
| Interviewed by: _____            | Date: _____ |
| Reference Check By: _____        | Date: _____ |
| Criminal Background Check: _____ | Date: _____ |
| Volunteer Center                 | Internet    |
| Private Investigator             | Sheriff     |
| Other _____                      |             |
| Follow-Up Background Check       | Date: _____ |

## Volunteer/Applicant Release Statement—Please Read Carefully!

- The information contained in this application is true and correct to the best of my knowledge.
- I understand that all criminal background checks will be treated as confidential.
- I understand and authorize the access to any and all information and records relating to my criminal history or criminal offenses committed or alleged, arrests, alleged criminal acts and criminal offenses committed.
- I understand and authorize any references, or any other person or organization, whether or not identified in this application, to give any information, (including opinions) regarding my character and fitness for service.
- I hereby release any reference contact, whether identified or not in this application, and waive any and all claims, liability for damages of whatever kind or nature which may at any time result to me, my heirs/family, on account of compliance with this authorization, excepting only the communication of knowingly false or misleading information.
- I am aware that background checks may be updated periodically.
- If a disqualifying offense is found on a criminal background check, there is an appeal process. I understand that this process will allow me to verify information and correct any errors.
- I intend this to be legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original.
- I HAVE CAREFULLY READ THIS RELEASE AND KNOW THE CONTENTS. I SIGN THIS RELEASE AS MY OWN FREE ACT.

**Note:** *Although furnishing your Social Security Number is not optional, it shall be used for no other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.*

.....  
Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Name (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_