

Mulberry Street United Methodist Church Youth/Children's Ministry

Volunteer Application

719 Mulberry Street Macon, GA 31201
478.745.8601

Volunteer Information

Name _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Occupation and Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____ Website _____

Work Status: part time full time student unemployed retired other

Marital Status: single married divorced widow

Education Information

High School _____ Year Graduated _____

College/Trade School _____ Year Graduated _____

Degree _____ Minor _____

Other Education _____ Year Graduated _____

Residential History

Driver License Number _____ State Issued _____ Expiration _____

How long have you lived at your current address _____

Please give us your previous address if you have lived at your current address for less than two years.

Previous address _____ City _____

State _____ Zip _____ From Date _____ to Date _____

Disclosures / Legal

If you have ever been arrested or convicted of a crime (including DUI and traffic violations), please state when and where and explain _____

If you have ever gone through treatment for alcohol or drug abuse, please describe _____

Have you ever been accused, arrested, or convicted for any form of child abuse (Circle One): Yes No

Do you agree to the release of information for Mulberry Street United Methodist Church to obtain the necessary background checks (Circle One): Yes No

Do you agree to the terms and conditions stated within the Confidentiality Policy (Circle One): Yes No

References

Please complete the information requested for three references:

1. Your current employer who has known you for at least 1 year (Students may use a teacher or academic advisor).
2. A church member who has known you for at least 6 months.
3. A friend who has known you for at least 3 years.

Please DO NOT use relatives or individuals you directly supervise at work.

Employer/Teacher/Academic Advisor Name _____
Address _____ City _____ State ____ Zip _____
Work Phone _____ Email _____

Church Member Name _____
Address _____ City _____ State ____ Zip _____
Work Phone _____ Email _____

Friend Member Name _____
Address _____ City _____ State ____ Zip _____
Work Phone _____ Email _____

Mulberry Street United Methodist Church Related Activities

How long have you attended Mulberry _____ Are you a member (Circle One): Yes No

List the date and activities of other ministry experiences here at Mulberry, and the reasons for ending that ministry

Ministry/Activity	Date Started	Date Ended	Reason for Ending

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Mulberry Street United Methodist Church of Macon, Georgia or its representatives to release any and all records or information relating to working with minors. Mulberry Street United Methodist Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker. Further, I understand that this application in no way obligates me to perform volunteer services; and, that Mulberry Street United Methodist Church is not obligated to use me as a volunteer. I understand that the personal information in this application will be held confidential by the professional church staff.

Print Name

Signature

Date