

Child/Student Volunteer Worker Application Form

(for volunteers who work with persons under 19 years of age)

Thank you for volunteering to work with children and/or students at Alpharetta First Methodist Church. Our purpose is to share the love of Christ with the children and students who gather here. Your participation as a volunteer team member makes that happen. We want to create a safe and secure environment for all children and volunteer workers. This information will be used for the sole purpose of helping the church protect the children you work with and you as a volunteer.

All volunteers must:

- *Complete the Child/Student Volunteer Worker Application Form
- *Complete the form authorizing a background check
- *Complete the Safe Sanctuary Training at AFUMC
- *Complete an Interview with the Director of the ministry you are volunteering for

First Name _____ Last Name _____ Date _____

Do your references (provided later) know you by any other name (maiden name, etc.)? If yes, please list:

Current address (City, State, Zip) _____

Length of residence at current address _____ Date of birth _____

Current phone number: (home) _____ (work) _____ (cell) _____

Please respond to all questions below:

Position volunteering for _____

When are you available to serve? _____

Do you have a driver's license? _____ State issued _____

Do you have a commercial driver's license? _____ State issued _____

Have you ever been convicted of or pleaded guilty or no contest to a felony offense? ___ Yes ___ No

If yes, please provide details (More room for remarks on the back of this page): _____

Do you have any educational background, volunteer, or job related experience working with children and/or students that you'd like to use in ministry?

Please list: _____

Please provide the following church information:

Are you a member of AFUMC? _____ Yes _____ No

Are you a visitor at AFUMC? _____ Yes _____ No If yes, how long? _____

Are you a member of another church? _____ Yes _____ No If yes, which church? _____

Please list three people who we can call for a reference (not relatives). Preferably provide leaders of children/student organizations and/or churches you have served as a volunteer.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I verify that the information in this application is true and I understand that correct information about me is necessary for my permission by AFUMC to serve as a volunteer working with children and/or students.

Signature _____ Date _____

AFUMC OFFICE USE: I have reviewed this application and approve this person to be a volunteer in my ministry area.

Signature of AFUMC Representative _____ Date _____

Additional remarks by volunteer applicant (continued from front page):
