

## VOLUNTEER APPLICATION

Name (Please Print): \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Do you attend SPUMC? If so, when did you start attending?

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

Are you aware of any physical or other limitations that might limit your ability to work with children or youth? YES \_\_\_; NO \_\_\_. If "yes", explain: \_\_\_\_\_

Indicate the children and/or youth programs at Severna Park United Methodist Church for which are you volunteering: Appalachian Service Project \_\_\_; Boy Scouts \_\_\_; Girl Scouts \_\_\_; Cub Scouts \_\_\_; Cribbery \_\_\_; Music Ministries \_\_\_; Sunday School \_\_\_; Vacation Bible School \_\_\_; Volunteers in Mission \_\_\_; Youth Fellowship \_\_\_; Other \_\_\_\_\_

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (included but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No \_\_\_; Yes \_\_\_. If "yes" please explain fully below (use additional paper if necessary):

Have you ever been exposed to an incident of child abuse or neglect? No \_\_\_; Yes \_\_\_.  
If yes" please explain: \_\_\_\_\_

**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. I authorize the SPUMC to contact these references to obtain information that is relevant to the volunteer position(s) for which I have applied.

1. Name \_\_\_\_\_; Relationship to reference \_\_\_\_\_  
 Street \_\_\_\_\_; City \_\_\_\_\_; State \_\_\_\_\_; ZIP \_\_\_\_\_  
 Daytime ph \_\_\_\_\_; Evening ph \_\_\_\_\_; Cell ph \_\_\_\_\_  
 Length of time you have known reference \_\_\_\_\_  
 Email \_\_\_\_\_

2. Name \_\_\_\_\_; Relationship to reference \_\_\_\_\_  
 Street \_\_\_\_\_; City \_\_\_\_\_; State \_\_\_\_\_; ZIP \_\_\_\_\_  
 Daytime ph \_\_\_\_\_; Evening ph \_\_\_\_\_; Cell ph \_\_\_\_\_  
 Length of time you have known reference \_\_\_\_\_  
 Email \_\_\_\_\_

3. Name \_\_\_\_\_; Relationship to reference \_\_\_\_\_  
 Street \_\_\_\_\_; City \_\_\_\_\_; State \_\_\_\_\_; ZIP \_\_\_\_\_  
 Daytime ph \_\_\_\_\_; Evening ph \_\_\_\_\_; Cell ph \_\_\_\_\_  
 Length of time you have known reference \_\_\_\_\_  
 Email \_\_\_\_\_

**PARTICIPATION COVENANT STATEMENT**

The congregation of Severna Park United Methodist Church is committed to providing a safe and secure environment for all children, youth, volunteers and staff who participate in ministries and activities sponsored by the Church. Our Safe Sanctuaries *Child Abuse and Prevention Policy and Procedures* reflects our congregation's commitment to preserving this Church as a holy place of safety and protection for all who enter and as a place in which all people can experience the love of God through relationships with others. No adult who has been convicted of any form of child abuse should volunteer to work with children or youth in any church-sponsored activity.

By signing this Participation Covenant, I agree to observe and abide by the policies set forth therein and in the SPUMC's Safe Sanctuaries *Child Abuse Prevention Policy and Procedures*. I acknowledge receipt of the Safe Sanctuaries *Child Abuse and Prevention Policy and Procedures*.

_____	_____	_____
Print full name	Signature**	Date

If individual is under age 18, a parent or guardian must also sign below.

_____	_____	_____
Print full name	Signature**	Date

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

\*\*By typing your name you are submitting a legal signature.