

CALVARY UNITED METHODIST CHURCH
VOLUNTEER APPLICATION

Name: _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____

Former Addresses (for past 7 years): _____

Social Security Number: _____ Date of Birth: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-Mail Address: _____

Work Experience: _____

Volunteer Experience: _____

Special Interests, Hobbies, Skills: _____

Do you have your own transportation? _____

Driver's License Number (required for anyone who will be driving our children or youth): _____

State of Issue: _____ Expiration Date: _____

Are you CPR, First Aid or AED (Defibrillator) trained? _____

Date your training expires: _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? _____ NO _____ YES

If so, please explain fully:

I verify that the answers I have provided on this application are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this form, will result in my being denied the position for which I am being considered.

Signature: _____ Date: _____