

HIBBEN UNITED METHODIST CHURCH
VOLUNTEER APPLICATION/REFERENCE

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Occupation & Employer: _____

How long have you been a member of Hibben UMC? _____

Previous volunteer
experience: _____

Special interests, hobbies, and
skills: _____

How many hours are you available to
volunteer? _____

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____ Please provide a copy.

Do you have auto insurance? _____ Please provide a copy of insurance
card.

Why would you like to volunteer as a worker with children and/or youth? _____

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

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: _____

Have you ever been exposed to an incident of child abuse or neglect? ___No
____Yes

If yes, how did you feel about the incident?

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.

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Signature of Applicant

Date
