

**Volunteer Application and Reference Form**  
**Surfside United Methodist Church**

Full Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Time at this address: \_\_\_\_\_

Previous address if less than 6 months: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Current Job Responsibilities and Schedule: \_\_\_\_\_

\_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

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

\_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

What length commitment can you make to the volunteer role? \_\_\_\_\_ 1 Year or more \_\_\_\_\_ 6 Months

Do you have your own transportation? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_ CDL \_\_\_\_\_

Do you have liability insurance? (list policy limits and name of carrier): \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

\_\_\_\_\_

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How do you discipline your own children? \_\_\_\_\_

If no children, what are your thoughts on discipline? \_\_\_\_\_

Have you ever been charged, convicted of, or plead 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 yes, please fully explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been exposed to an incident of child abuse or neglect? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, how did you feel about the incident? \_\_\_\_\_

\_\_\_\_\_

Will you be available for periodic volunteer training sessions? \_\_\_\_\_ No \_\_\_\_\_ Yes

REFERENCES: Please list three personal references (people unrelated to you by blood or marriage) and provide complete contact information for each. References are confidential.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Relationship to this Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Relationship to this Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Relationship to this Reference: \_\_\_\_\_

*I have been given a copy of the Safe Sanctuary Policy of Surfside United Methodist Church and I agree to abide by its provisions. I agree to self-report anything in the future that would affect my ability to continue to serve according to this policy. I commit to attend the necessary training. I certify that the information I have provided on this form is correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date