

**APPENDIX I**  
**Spring of Life United Methodist Church Child/Youth Guidelines**  
**Volunteer Application**

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

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Spouse's Name: \_\_\_\_\_

Children's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Would you like to receive email information on volunteer opportunities? \_\_\_\_\_

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

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

Current Job Responsibilities: \_\_\_\_\_

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

Please list the name and address of other churches you have attended regularly during the past five years: \_\_\_\_\_

Why Do You Want To Work With Children/Youth? \_\_\_\_\_

What Gifts, Education, Training, Previous Experience or Interests Do You Have That Would Help You Work With Children/Youth?

Where do you feel called to work? Some feel comfortable leading groups of children (for example: Discipleship Group Lead Teachers, Music Leader, and Crafts Leader). Others are more comfortable as the "loving second set of hands" (for example: Assistant Teacher, Nursery Helpers). Where do you feel called to work?

Please check the age groups you feel called to work with:

Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ 3's and 4's \_\_\_\_\_ Kindergarten \_\_\_\_\_  
1<sup>st</sup> and 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>-5<sup>th</sup> \_\_\_\_\_ 6<sup>th</sup>-8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> \_\_\_\_\_

Are you interested in providing transportation if needed? \_\_\_\_\_  
(If yes, you must fill out Driver's Policy Application – Appendix IX)

Do You Have a Valid Driver's License? Yes or No;  
If Yes Please Provide Your License Number: \_\_\_\_\_

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application.  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ Date initialed: \_\_\_\_\_

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

If "Yes" explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No  
Please explain below or request to discuss this confidentially with a staff member.

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Yes, what was your role: \_\_\_\_\_  
\_\_\_\_\_

**References:** Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a phone number for each. References will be kept confidential.

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

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

Relationship to Applicant: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

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

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

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to share this information with those persons who will participate in acting on this Application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application