

FORM B Volunteer Application

PERSONAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____
(Number and Street) City State Zip Code

Cell Number (____) _____

* Person to Contact in Case of Emergency _____

Relationship _____ Cell # (____) _____

* Employer _____ Work # (____) _____

Are there any reasons why you would not arrive regularly and on time? YES NO

If yes, please explain. _____

EDUCATION BACKGROUND

High School Name _____ City/State _____ Year _____

Other _____ City/State _____ Year _____

Other _____ City/State _____ Year _____

Other _____ City/State _____ Year _____

GENERAL EXPERIENCE, SKILLS AND INTERESTS

VOLUNTEER APPLICATION – page 2

1. What hobbies or other interests do you have?

2. What skills do you have that would help you become an outstanding volunteer?

3. Describe your walk with God.

4. Do you attend worship services regularly?

5. Why are choosing to serve at First United Methodist Church Odessa?

PERSONAL REFERENCES

List two personal references. Please do not include relatives.

Name	Address	Occupation	Telephone Number
			()
			()

I authorize First United Methodist Church Odessa to inquire as to my record of any of all persons. I understand that I must complete and pass a preliminary background check. In the event of my volunteering, I agree to comply with the ministry guidelines in which I serve and also with First United Methodist Church Odessa’s Safe Sanctuary Policies. I agree to support the mission and vision of First United Methodist Church Odessa.

Signature _____ Date _____

CHURCH USE ONLY	
Date of Preliminary Background Check _____	Results _____
Safe Sanctuaries Training _____	Ministries Guidelines _____