

**SURFSIDE UMC (SUMC)**  
**VOLUNTEER APPLICATION AND REFERENCE FORM**

**Personal Information**

**Name:**

\_\_\_\_\_

First	Middle	Last
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**Address:**

\_\_\_\_\_

Street / P.O. Box	City	State	Zip
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**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number/ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Volunteer Ministry Positions in which you wish to serve: \_\_\_\_\_

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

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

What gifts, talents, skills, or hobbies would you enjoy sharing as part of your ministry?

How many hours per week are you available to volunteer?

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

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

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

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 yes, 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? \_\_\_\_\_

**Church and Volunteer History**

How long have you been a member/active participant at Surfside UMC? \_\_\_\_\_

List previous volunteer work involving children, youth and/or vulnerable adults:

Type of Work / Age-Level / Dates of Service / Name & Address of Organization

\_\_\_\_\_

\_\_\_\_\_

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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.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Relationship to Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Relationship to Reference: \_\_\_\_\_

**Applicant Verification and Release:**

I attest that all of the information that I have provided is true and correct. I authorize Surfside UMC to contact my references and to conduct a background check. I have carefully read the Child and Youth Abuse Prevention Policy of SUMC, and I agree to abide by it.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_