

Cedarville United Methodist Church

Volunteer Application

Thank you for your interest in volunteering at Cedarville United Methodist Church. For all volunteers who work with children, youth or vulnerable adults we require you to complete this application, background checks and training as specified by the State of Pennsylvania and Cedarville UMC's Safe Sanctuaries policy. We also require that you review and sign a copy of Cedarville's Technology policy.

Position Volunteering for: _____ Date: ____/____/____

Name: _____
 First Middle Last

Address: _____

Preferred email _____

Telephone: () _____ home

Telephone: () _____ work (may we contact you there YES OR NO)

Telephone: () _____ cell

If employed please list employer _____

Employer address and phone _____

Are you currently a member of Cedarville United Methodist Church or a regular attendee _____?

If yes how long? _____

If no please list other churches you have attended or have been a member of for the last five years:

Have you ever read and agree to abide by the Cedarville's Safe Sanctuaries Policy and complete the training? Yes _____ No _____

Have you ever read and agree to abide by the Cedarville's Technology use policy training? Yes _____ No _____

Are you currently under a charge or have you been convicted of or pled guilty to child abuse of a crime involving actual or attempted sexual misconduct or molestation of a minor. If yes please explain. Use a separate sheet of paper.
Yes _____ No _____

Are you currently under a charge or have you ever been convicted of or pled guilty to possession/sale of a controlled substance or of driving under the influence of alcohol
Yes _____ No _____
If yes, please explain. Use a separate sheet of paper.

Volunteer experience – If you have experience that would help you be effective with children or youth please tell us about it. Also please share the areas you are interested in volunteering at CUMC.

References

Please list three personal references (not family members)

Reference _____ Telephone: (____) _____

Address: _____ Years known: _____

Reference _____ Telephone: (____) _____

Address: _____ Years known: _____

Reference _____ Telephone: (____) _____

Address: _____ Years known: _____

I hereby declare that the information provided by me in this application to volunteer with children, youth or vulnerable adults is true, correct and complete to the best of my knowledge. I understand that I must agree to the release and review of criminal background checks as specified in the Safe Sanctuaries policy (a copy of which is provided with the application and available at the Church website). I also authorize any reference or individuals provided to share any information they may have regarding my character and fitness to work with children and youth.

Signature: _____

Date: ____/____/____