

FUMCFH VOLUNTEER INFORMATION AND AUTHORIZATION FORM

Complete, sign and date this screening form to apply for approval to work with children and/or youth at First United Methodist Church of Fox Hill.

Full Name: _____ Other Names: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Preferred contact method(s): _____

Are you 18 or older? YES NO Are you 22 or older? YES NO

6 Month Rule: All volunteers must have been a church member in good standing in a local church or local volunteer organization for six months before they will be allowed to serve in the areas of children and youth ministries.

Local church/organization _____ Month/Year _____

List previous church & non-church work involving children (names, addresses, dates and responsibilities or duties)

Personal References (NOT employees OR relatives, one reference should be a member of FUMCFH if possible)

Name: _____ Phone: (____) _____

Name: _____ Phone: (____) _____

Special interests, hobbies, skills, education and/or experience (indicate any Medical Training to include First aid/CPR):

Availability/Interest: Sunday School | Children's Church | Nursery | Youth Meetings | Special Events | VBS | Retreats

Are you willing to drive participants to an event? YES NO

If YES, please provide Valid Driver's License Number: _____ State: _____

By signing this form, I attest that the information provided is accurate and that I have never been convicted of abuse or violence (regardless of whether the record of such conviction may have been expunged). I authorize the persons and church(s) listed above to release to First United Methodist Church of Fox Hill any information, including opinions, about me regarding my character and my work with children.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____