

APPLICATION – VONTEERS FOR CHILDREN AND YOUTH PROGRAMS  
AVONDALE UNITED METHODIST CHURCH

I have read the Avondale UMC Child and Youth Protection Policy and Procedures. It is my desire to be a volunteer worker with Avondale UMC Children and Youth Programs. I agree to a criminal background check or the screening process approved by Avondale United Methodist. I understand that the individual volunteer will pay for the background checks.

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

PLEASE COMLPETE THE FOLLOWING PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

E-mail: \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Skills, relevant experience/training: \_\_\_\_\_  
\_\_\_\_\_

List ministries in which you anticipate volunteering: \_\_\_\_\_  
\_\_\_\_\_

Personal References: (Names, Address, Telephone Numbers) List at least one person outside of the congregation to contact.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

<b>Member of Avondale UMC?</b> Yes _____ No _____ Date of Membership _____ (If over 6 months, you may list the year only.)
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If you are <b>NOT a member of Avondale UMC</b> , please complete this section. Name of church where you were a member _____ Church Address _____ Name of Pastor _____ Telephone Number _____ Dates (beginning and ending) of Membership at former church _____
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