Check all that apply:
____ BUMC Volunteer
____ BCLC Volunteer
____ BCLC Staff

BELIN MEMORIAL UNITED METHODIST CHURCH
VOLUNTEER APPLICATION

Name: _____ Belin Member: Yes_____ No _____

Address: _____ Zip _____

Cell Phone: _____ Home: _____ Work: _____

Email: _____

Employer: _____ Occupation_____

Previous volunteer experience: _____

_____

Special interests, hobbies, and skills: _____

_____

Is there a particular age group or activity with which you prefer to volunteer? _____

_____

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

_____

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, and other crimes of violence, theft, or motor vehicle
violations)? Yes__ No __

If yes, please explain fully _____

_____

Applicants Social Security Number _____ - _____ - _____

Do you have a valid driver's license? _____ Do you have your own transportation? _____

Driver's license number: _____ State of Issue _____ Exp date _____

DOB: _____ Place of Birth _____

List all names you have every used or have been know by? _____

_____

I hereby authorize Belin Memorial United Methodist Church to conduct any appropriate background or records check required
by the Safe Sanctuary Policy and/or otherwise deemed necessary for my participation as a staff member or volunteer with
children and youth.

Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Please complete references on back of this page to complete your application process

Note: *You don't need to fill out references if you are a current Belin Memorial United Methodist Member*

References: If you are <u>not</u> a member of Belin Memorial UMC, please list three personal references (people who are not related to you and at least one Belin member, if possible) and provide a complete address and phone numbers for each. Belin members known to the director are not required to provide references. References are confidential:

1. Name: _____

   Address: _____

   Cell: _____

   Daytime number: _____ Evening number: _____

2. Name: _____

   Address: _____

   Cell: _____

   Daytime number: _____ Evening number: _____

3. Name: _____

   Address: _____

   Cell: _____

   Daytime number: _____ Evening number: _____