

Plainfield United Methodist Church

Application to Work with Children and Youth

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

E-mail: _____ Do you check it regularly? YES NO

Occupation: _____ Employer: _____

Previous Volunteer or Work Experience: _____

Special Interests, Hobbies, Skills: _____

Would you be available for periodic volunteer training sessions? YES NO

Have you received and signed the Covenant Statement? YES NO

Have you received a copy of PUMC's Safe Sanctuaries Policy? YES NO

Have you received and completed the Authorization for a Background Check? YES NO

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone number 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: _____

I certify that statements provided in this application are true and complete and understand that any misrepresentation or omission may be grounds for rejection or dismissal.

Signature of Applicant: _____ Date: _____