

BELIN MEMORIAL UNITED METHODIST CHURCH
VOLUNTEER APPLICATION OR PRE EMPLOYMENT

Check all that apply:

- BUMC Volunteer
- BUMC Pre Employment
- BCLC Volunteer
- BCLC Pre Employment

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. Note: by signing this form you also authorizing/agreeing that a background check will automatically be reran every two years as long as you are a volunteer or employed with Belin Memorial United Methodist Church.

Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

Applicants full name: _____ Date: _____

Please complete references to complete your application process

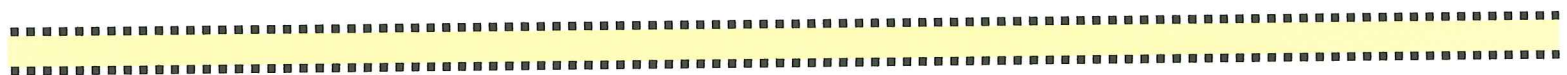
Note: You don't need to fill out references if you are a current Belin Memorial United Methodist Member

References: 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 know 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: _____



For Administrative Office Use Only: Please initial screenings completed, provide requested information, and return to appropriate Director

Check Request Box to be screened: DMV SLED/FBI

Driver license check: Date completed: _____ _____ Cleared _____ Referred

SLED/FBI check: Date completed: _____ _____ Cleared _____ Referred



To be completed by Director or Trainer:
Date Training was completed: _____ By: _____

Notes: _____