

CALVARY UNITED METHODIST CHURCH  
VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_

Former Addresses (for past 7 years): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Driver's License Number (required for anyone who will be driving our children or youth): \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you CPR, First Aid or AED (Defibrillator) trained? \_\_\_\_\_

Date your training expires: \_\_\_\_\_

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, other crimes of violence, theft, or motor vehicle violations)? \_\_\_\_\_ NO \_\_\_\_\_ YES

If so, please explain fully:

I verify that the answers I have provided on this application are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this form, will result in my being denied the position for which I am being considered.

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