



Do you have liability insurance (list policy limits and name of carrier)?

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Why would you like to volunteer to work with children/youth?

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What qualities do you have that would help you work with children and/or youth?

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Have you ever been charged with, convicted of, or pleaded guilty to any 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), or been on probation for any reason?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Have you ever been disciplined or dismissed from employment or a volunteer position by an employer, including charitable and religious organizations, following an allegation of sexual misconduct, sexual harassment, or other immoral behavior or conduct, involving adults or children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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Would you be available for periodic volunteer training sessions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have lived outside North Carolina in the last 10 years, please list city and state:

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**Please give a statement of your Christian faith:**

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**References:** Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this volunteer application is true and correct. I authorize South River United Methodist Church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become a volunteer at South River United Methodist Church, I agree to abide by and be bound by the policies of South River United Methodist Church and to refrain from inappropriate conduct while volunteering on behalf of South River United Methodist Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

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Signature of Applicant Date

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Signature of Parent/Guardian Date  
*(if under 18)*

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Witness Date