Central
United Methodist Church

CUMC VOLUNTEER INTEREST FORM

Thank you for your interest in volunteering with Central United Methodist Church! In an effort to protect children, youth, vulnerable adults, and the volunteers who serve those populations, all volunteers must complete an interest form, consent to a national background check and participate in an interview process. When completed, submit this form to our church administrator, Logan Martin. If you have questions, contact Logan at 336-786-8324 or by visiting the church office at 1909 North Main Street, Mount Airy, NC.

GENERAL INFORMATION:

Legal Name (First/Middle/Last): _____

Preferred Name: _____ Social Security Number: _____

Address: _____ City, State & Zip: _____

E-Mail Address: _____ Phone Number: _____

Date of Birth: _____ Select One: ☐ Male ☐ Female

JOB INFORMATION:

Occupation: _____ Employer: _____

Current Responsibilities and Schedule: _____

_____

_____

VOLUNTEER HISTORY:

Current/Previous Volunteer Experience: _____

_____

_____

VOLUNTEER INTEREST:

Availability (select all that apply): ☐ Days ☐ Evenings ☐ Weekdays ☐ Weekends

Select any activities for which you are interested in volunteering:

☐ Sunday School ☐ Children's Church ☐ Vacation Bible School (summer) ☐ ADVENTure to Christmas

☐ Children's Ministry ☐ Confirmation Can you make a one-year commitment? ☐ Yes ☐ No

Do you have your own transportation? ☐ Yes ☐ No

Why would you like to volunteer for this particular ministry? _____

_____

_____

What gifts or talents would you bring to this ministry? _____

_____

_____

Are there any medical conditions you have that we need to be made aware of? _____

_____

_____

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BACKGROUND CHECK:

Have you ever been charged with, convicted of or pled guilty to a crime? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Do you consent to a national background check? ☐ Yes ☐ No

REFERENCES:

Please list three personal references for the church to contact. (Do not provide a reference who is related to you by blood or marriage.)

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

OFFICE USE ONLY:

Applicant contacted?

☐ Yes (attach copy of communication) Date: _____ Initials: _____

References contacted?

☐ Yes (attach copy of communication) Date: _____ Initials: _____

Background check completed?

☐ Yes Date: _____ Initials: _____

Passed? ☐ Yes ☐ No

Supervisor notified?

☐ Yes (attach copy of communication) Date: _____ Initials: _____

Follow-up action:

Signature: _____ Date: _____

Printed Name and Title: _____