

## Employment and Volunteer Application Form

Doylestown United Methodist Church has a Safe Sanctuaries policy founded on respect and love of all God's people especially children, youth and vulnerable adults in our church and community. This policy gives children, youth, staff, volunteers and families a sense of confidence and well-being. We ask your cooperation in completing the application.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (Hm) \_\_\_\_\_ (Cell)

Day and month of birth \_\_\_\_\_ Occupation \_\_\_\_\_

Where employed \_\_\_\_\_

Do you have a current Driver's License? Yes \_\_\_ No \_\_\_ License number \_\_\_\_\_

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

Names and ages \_\_\_\_\_

Spouse Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

Are you currently a member of Doylestown United Methodist Church? Yes \_\_\_ No \_\_\_

If yes, how long? \_\_\_\_\_ If no, please list other churches where you have attended or been a member in the last five years

Have you read and agreed to follow our Safe Sanctuaries policy? \_\_\_\_\_

Have you attended Safe Sanctuaries training in the last year? Yes \_\_\_ No \_\_\_

Are you currently under a charge or have you ever been convicted of or pled guilty to child abuse or a crime involving actual or attempted sexual misconduct or molestation of a minor? Yes \_\_\_ No \_\_\_

If yes, please explain

Are you currently under a charge or have you ever been convicted or pled guilty to possession/sale of controlled substances or of driving under the influence of alcohol? Yes \_\_\_ No \_\_\_

If yes, please explain

Is there any other information we should know?

Church Activity Please write a brief statement about your Christian faith.

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In what activities/ministries of our church are you presently involved?

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**Experience**

What volunteer or career experiences with children/youth have you had in the church or community?

\_\_\_\_\_

List any gifts, training, education or other factors that have prepared you for ministry with children or youth. \_\_\_\_\_

Preferences: In what capacity and with what age group would you like to work?

\_\_\_\_\_

List any concerns or needs you have in working with children and youth.

\_\_\_\_\_

**Personal References (not a family member)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is true and correct to the best of my knowledge.

I authorize any of the above references or churches to give you any information they may have regarding my character and fitness to work with children and/or youth. I hereby certify that I have read and that I understand the Safe Sanctuaries policy and will abide by said policy in my ministry with children, youth or vulnerable adults at Doylestown United Methodist Church.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Approved for ministry by \_\_\_\_\_ Date \_\_\_\_\_