

Name: \_\_\_\_\_  Children  Youth

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Auto Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Auto policy liability limits: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

Which days and how many hours per week are you available to volunteer? \_\_\_\_\_

Morning  Afternoon  Evening  Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

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

Why would you like to volunteer as a worker with children and/or youth? \_\_\_\_\_

What qualities do you have that would help you work 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)?  No  Yes

If yes, please explain fully: \_\_\_\_\_

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

*I certify that all of the information on this application is truthful and completely accurate. I agree to notify the church within 14 days of the any changes in any of the above information. I authorize the church to verify this information with the appropriate authorities and to check the above listed references. I understand that any false information or statement will result in the immediate dismissal of my volunteer position.*

*By signing, I agree to abide by safety procedures established by Ebenezer UMC and abide by all laws.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*Please attach a photocopy of both sides of your current driver's license to this form.*

**BACKGROUND AFFIDAVIT**  
North Georgia Annual Conference

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

Children

Youth

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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I, \_\_\_\_\_, hereby certify that:

I have never been accused in writing nor convicted of a felony, misdemeanor or incident of sexual misconduct.

**OR**

The details given below are true and accurate accounts of any incident or incidents in which I have been accused in writing or have been convicted of a felony, misdemeanor, or incident of sexual misconduct.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Volunteer Signature**

**Date**

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\_\_\_\_\_  
**Notary Signature** (Seal)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_.

My commission expires \_\_\_\_\_.