



Western North Carolina Conference

The United Methodist Church

SAMPLE VOLUNTEER INTEREST FORM

Thank you for your interest in volunteering with [church name]! 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 [person/location]. If you have questions, contact [person] at [phone and e-mail address].

GENERAL INFORMATION:

Name you go by: _____ Last Name: _____

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 Youth Group Shut-In Visitation Mission Work/Trip Tutoring 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? _____

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



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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: _____