

**First UMC – Volunteer
MinistrySafe
Consent to perform criminal history/background check**

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

* Email Address

* Address Apartment or #

City County State Zip

**Date of Birth Social Security Number **Gender

I hereby certify that all information provided in this consent form is true, correct, and complete.

Signed this _____ day of _____, 20_____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

WHO WERE YOU REFERRED BY? _____

☐ INTERVIEWED

REFERENCES FOR EMPLOYEES AND VOLUNTEERS

Name	Address	City & State	Zip	Phone Number
<i>Personal</i>				
<i>Professional</i>				
<i>Family Member</i>				

INTERVIEW

1. Why are you interested in this position?

2. Do you have a preference concerning the age group of children, youth or special needs persons with whom you work?
Why?

3. Have you worked with of children, youth or special needs persons in the past as a volunteer? Tell me about it.

4. Are you a member or regular attender of this church? _____ If so, how long? _____

5. Please list all previous church work involving of children, youth or special needs persons. (List each church's name and address, type of work carried out, dates and a contact person familiar with your work there.)
