

United Methodist Church, Branford
VOLUNTEER APPLICATION FOR WORK WITH CHILDREN & YOUTH

Name: _____
(Please print your name)

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Occupation: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available to volunteer? Specify days, evenings and/or weekends: _____

What length of time are you able to commit to this volunteer role? (e.g., a semester, a year?) _____

Do you have your own transportation? _____ Do you have a driver's license? _____

Do you have liability insurance? (list name of insurer and policy limits)

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?

Are you willing to abide by our policies and procedures? _____

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

Signature _____ Date _____