Tomball United Methodist Church Volunteer Application

| Name: | | | D.O.B.: |
|--|--|--------------------|--------------------------------|
| Last | First | Middle | |
| Address:Street | | City | Zip |
| Home Phone: | | _ Work Phone: | |
| Mobile Phone: | | _ E-mail: | |
| Regular Attender f | or more than 6months: | Yes | No |
| If no, provide the n | ame and contact inform | ation for most pre | vious past senior pastor: |
| | to volunteer with: | | |
| Occupation: | | | |
| Where employed: | | | _ Full-time / Part-time |
| What skills, spiritu | al gifts, or talents do you | u have which migh | nt be useful in this position? |
| | | | |
| What training or ex | xperiences do you have v | which might be use | eful in this position? |
| | | | |
| Have you been con (If yes, please e | victed of a criminal offe xplain below) | ense?Yes _ | No |

| Have you been convicted of child abuse or so to molesting or abusing children/youth? If y | exual abuse or been involved in any activities relatives, please explain. |
|---|--|
| Are you currently using or have you used ille | egal drugs?YesNo |
| Have you ever been through treatment for all If so, When? | <u> </u> |
| References: (Please provide names and phor supervisor. Please do not list church staff m | ne numbers of three references, including a former nembers as references.) |
| | |
| All information is kept confidential and lock considered and discussed between the Progra | ted in the Family Ministry office. All issues will be am Staff and SPR Committee. |
| | application is true and complete. I understand that allify me from further consideration, and may result |
| Signature | Date |

TOMBALL UNITED METHODIST CHURCH BACKGROUND INVESTIGATION CONSENT

I, (Print Name)______ hereby authorize Tomball United Methodist

| Church, to make an independent investigation of my background, references, character, past |
|---|
| employment, education, criminal or police records, including those by both public and private |
| organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s), and/or obtaining other information which may be material to my |
| qualifications for employment or as a volunteer now and, if applicable, during the tenure of my |
| employment or as a volunteer with our church. |
| All information relative to the background investigation is confidential and any dissemination |
| will be in accordance with state and federal law. |
| I release Tomball United Methodist Church and any person or entity, which provides |
| information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to |
| the information obtained from any and all of the above referenced sources used. |
| The following is my true and <i>complete</i> legal name and all information is true and correct to the |
| best of my knowledge: |
| Full Name (Printed) |
| Home Phone # Other Phone # |
| Maiden Name or Other Names Used |
| Present Street Address |
| City/State/Zip Code |
| Length of time at present address |
| Former Street Address |
| City/State/Zip |
| Length of time at former address |
| Date of Birth |
| Driver's License # State of License |
| I certify that I have read and understand the forgoing language, that information developed as a result |
| of my authorizing this investigation, shall only be shared with the Senior Clergy, the appropriate |
| Director(s) of Tomball United Methodist Church or other United Methodist entities, as necessary. |
| Signature Date |
| *NOTE: The above information is required for identification purposes only, and is in no manner used |
| as qualifications for employment or placement. |

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