CONFIDENTIAL

Appendix B: Volunteer Application

Home Phone:	Work Phone:	Cell	l Phone:
Date of birth:			
Address			
Street		City	Zip Code
Email address:			
Respond to all questions	below that apply to the 1	position for which	h you are volunteering
Position applying/volunte			
	2) Children's 3) Youth Mir	Ministry	
		ds Pre-School	
When are you available to	o volunteer?		
	Volunteer Drive		
Do you have a valid drive	er's license: Yes	No_	
License number:			
Expiration date:	Insura		
Do you have a commercia	al driver's license: Yes		No
icense number:	Sta	ate issued:	
Expiration date:	Insura	Insurance carrier:	
		Length of employment:	
Name of supervisor:		Phone number:	
Do you have a commercia License number: Expiration date:	al driver's license: Yes Sta Insura Leng	ate issued: nce carrier: th of employmen	t:
rovide the following chu	rch information:		
are you a member of this			
	ong have you been a me		
	long have you attended		

How else have you served or supported events at FUPCDC?					
Have you ever worked with youth or children?	List where:				
List two references (must be of a business/organ from family members):	izational nature, Youth – no references				
Name:Phone:					
Address:					
Years known each other:					
2) Name: Phone:					
Address:					
Years known each other:					
I hereby give permission to conduct a background all persons, companies, or corporations supplying church from any liability that might result from nunderstand that any false statements or implication other required documentation shall be considered application. I also understand that failure to report result in discharge from participation in church specific process.	g such information. I also release the naking such an investigation. I ons made by me on this application or sufficient cause for denial of rt changes to information provided may				
Signature: Date:					