



VOLUNTEER SIGNUP FORM

Name: (First) _____ (MI) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

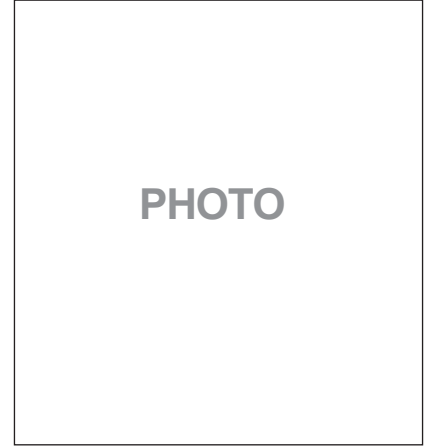
Home Phone: _____ Cell Phone: _____

Email Address: _____

Best method to contact: Cell Text Email Home

Birth Date: _____

Please choose a T-shirt size: S M L XL XXL 3XL



UPLOAD PERSONAL PHOTO

Current Employer: _____ Supervisor: _____

Work Phone: _____ Last Grade Completed: _____

Primary Language _____ Secondary Language _____

Marital Status: Single Married Gender: Male Female Name of spouse: _____

Names and Ages of children: _____

Are you a member of St. Mark's United Methodist Church _____ Date Joined _____

Which service(s) do you regularly attend Sun. 8:30am Sun. 9:45am Sun. 11:00pm

AREA OF INTEREST

(LISTED ON WEBSITE)
YOUR FOCUS OF VOLUNTEER HELP

INTERESTED IN VOLUNTEERING FOR:

1. _____
2. _____
3. _____

CURRENTLY VOLUNTEERING IN:

1. _____
2. _____
3. _____

CHURCH ATTENDANCE & PARTICIPATION

Do you consider St. Mark's United Methodist Church your church home _____

How long have you regularly attended _____

If married, does your spouse attend SMUMC _____ How long _____ years _____ months _____

Please list any other churches you are currently attending:

Please list any other churches you have attended in the past two years:

List any other ministries you are currently involved in outside of St. Mark's United Methodist Church:

List any other volunteer church work you have done in the past:

Name of Church: _____ Phone Number: _____

Position held: _____ Name of Contact: _____

Are you willing to attend the required Orientation? YES NO

PERSONAL REFERENCES

List three personal references that have known you for at least three years and are **NOT** relatives or former employers.

NAME	RELATIONSHIP	EMAIL	PHONE
1.			
2.			
3.			

As an applicant to be in a volunteer position at St. Mark's United Methodist Church and its ministries, I recognize, understand, and adhere to the moral and ethical standards and mandates of the ministry I am applying for. I further declare that with regard to my personal, moral, and ethical character and conduct as of this date, I am not engaged in any inappropriate behavior and/or conduct nor do I have any inclination toward such conduct. My personal life will be actively conducted in a manner that will not bring any dishonor or reproach to my Lord and Savior Jesus Christ or to His Body at St. Mark's United Methodist Church. Without reservation, I subscribe to the above statements with gladness and purpose of heart.

Applicant's Signature

Parent's Signature (if applicant 17 years or younger)

(PLEASE PRINT) Parent's Name (if applicant 17 years or younger)

Address

Phone Number

BACKGROUND CHECK NOTICE & AUTHORIZATION

[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND CHECK

St. Mark's United Methodist Church may obtain information about you from a consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include criminal records check, information about your character, general reputation, credentials, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are accepted, throughout your volunteer status with the named above organization. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to volunteer applicants is an investigation into your education and/or employment history conducted by *background check company*. The scope of this notice and authorization is all-encompassing and allows St. Mark's United Methodist Church to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are accepted, throughout the course of your volunteer status with this organization to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND CHECK and certify that I have read and understand it. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am accepted, throughout my volunteer status. To this end, I hereby authorize, without reservation, and law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Shield Screening another outside organization acting on behalf of St. Mark's United Methodist Church. I agree that a facsimile ("fax") or photographic copy of this

Authorization shall be as valid as the original.

Applicant's Signature _____ Date _____

Applicant's Print Name (PLEASE PRINT) _____

Applicant's Parent's Signature(if under 17) _____

Parent's Email Address _____ Parent's Phone Number _____

PLEASE COMPLETE THE FOLLOWING

The background check is for identification purposes only and will not be used for any other purpose.
PLEASE WRITE AS LEGIBLY AS POSSIBLE:

Applicant's Social Security Number _____ - _____ - _____

Applicant's Date of Birth (For Background Purposes Only) ____/____/____ (mm/dd/yyyy)

Applicant's Current Address _____ City _____ State _____ Zip _____

Other names you have been known by (Previous, AKAs) _____

Applicant's Name as it appears on your driver's license or official photo identification:

_____ Previous

Cities and States lived in during the past 7 years:

City _____ State _____

City _____ State _____

City _____ State _____