

**Appendix A**  
**Volunteer Information Form**

SMUMC is committed to providing a safe environment for children and youth who participate in our programs. This information form is to be completed by all volunteers and staff who work with children, youth and vulnerable adults.

**Name:** \_\_\_\_\_  
                                 First  Middle  Last

**Address:** \_\_\_\_\_  
                                 Street / P.O. Box  City  State  Zip

**Home Phone:** \_\_\_\_\_ **Work or Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Volunteer Ministry Position in which you wish to serve:** \_\_\_\_\_

**Church History and Prior Work with Children and Youth:**

1. How long have you been a member/active participant at SMUMC? \_\_\_\_\_

2. List names and address of other churches you have attended regularly during the past 5 years:

Church Name	Address	City	State	Zip

3. List all previous church work involving children or youth:  
 Type of Work / Age-Level / Dates of Service / Church Name & Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List all previous non-church work involving children or youth:  
 Type of Work / Age-Level / Dates of Service / Name & Address of Organization

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List any special gifts, talents or training that you have that would help your work in the area of ministry in which you are volunteering to serve:

\_\_\_\_\_

\_\_\_\_\_

6. List three references. References, as well as any other information given to us, will be kept completely confidential. Name / Relationship / Address / Phone Number

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7. Have you, at any time, ever:

Been arrested for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No    Been convicted of, or pleaded no contest to, any crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Participated in, accused of, charged with or convicted of child abuse, molestation, or any improper conduct involving a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Any other reason why you should not work with children, youth or others? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **Yes** to any of the above questions, please explain in detail:

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Applicant Verification and Release: I recognize that SMUMC is relying on the accuracy of the information contained herein. I attest that all of the information that I have provided is true and correct. I authorize SMUMC to contact any person or entity necessary to process this application, and I further authorize any such person or entity to provide SMUMC with information, opinions, and impressions relating to my background or qualifications. I voluntarily release SMUMC and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize SMUMC to conduct a criminal background investigation.

I have carefully read the Child and Youth Abuse Prevention Policy of SMUMC, and I agree to abide by them and to protect the health and safety of the children and youth of SMUMC.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_