

Volunteer Application

Name: Last	First	Middle	
Last	1 1131	Middle	
Address:			
Daytime phone:	Evening phone:		
E-mail address:			
Occupation:			
Employer:			
Current job responsibilities:			
Previous work experience:			
Previous volunteer experience:			
Would you be available for periodic volu	unteer training sessions?	☐ Yes	□ No
Do you have your own transportation a	nd a valid driver's license?		
Have you ever been charged, arrested, felony (including but not limited to drugor motor vehicle violations other than sp	related charges, child abuse,		
□ No □ Yes			
If yes, please explain fully:			



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References: Please list three personal references of people who are not related to you by blood or marriage and provide complete contact information for each.

1. Name:	
Address:	
Daytime phone:	_ Evening phone:
Length of time you have known reference:	
Relationship to reference:	
2. Name:	
Address:	
Daytime phone:	_ Evening phone:
Length of time you have known reference:	
Relationship to reference:	
3. Name:	
Address:	
Daytime phone:	_ Evening phone:
Length of time you have known reference:	
Relationship to reference:	
	Date:
	ath that the above information is true, accurate and rauthorize the First United Methodist Church of Yankton
Signature of Applicant	Date
Print Name	