



VOLUNTEER APPLICATION

 *First United Methodist Church of Jamaica*

DATE: _____

PERSONAL INFORMATION:

LAST NAME		FIRST NAME	MIDDLE INITIAL
PRESENT ADDRESS		CITY	STATE ZIP CODE
APARTMENT NUMBER	HOME TELEPHONE NUMBER		CELL PHONE NUMBER
E-MAIL ADDRESS	DATE OF BIRTH (for emergency situations only)		

VOLUNTEER POSITION:

Position Name	Number of Weekly Hours
Referral Source	

AREAS OF INTEREST: _____

AVAILABILITY:

Please check your availability to work/volunteer:

Available: Mornings Afternoons Evenings Saturdays Sundays

Monday Tuesday Wednesday Thursday Friday

SPECIAL SKILLS:

Please check your office skills:

- Typing _____ wpm
- Computer Skills
- Grant Writing
- Receptionist
- Mentoring/Teaching
- Graphics Design
- Fundraising
- Other _____

Language(s) Spoken _____

Are you certified in: First Aid Yes [] No [] CPR Yes [] No [] Pediatric CPR Yes [] No [] Lifeguard Yes [] No []

EMERGENCY CONTACTS:

Please list below the names of two persons who may be contacted in the case of an emergency:

Name	Phone #	Phone #

Physician: Name _____ Telephone Number: _____
(optional)

In addition, I hereby grant permission for United Youth of First United Methodist Church of Jamaica to take pictures of me for educational or promotional purposes for their programs.

Your Signature

Date

United Youth of First United Methodist Church of Jamaica does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

FOR OFFICE USE ONLY	
Photo ID Check Completed	Information Sheet Reviewed
Start Date	End Date
Authorized Signature	Date