



First United Methodist Church of Gilbert

331 S. Cooper Road Gilbert, Arizona 85233
 (P) 480-892-9166 (F) 480-892-3545
 www.gilbertumc.org

VOLUNTEER APPLICATION

This form is to be completed, signed and returned to the Director of Welcoming and Connection at the church office. It will be retained in a secured file on site.

Print Clearly.

Last Name		First		Middle	Daytime Phone
Maiden Name or Other Names Used					Evening Phone
Address					City State Zip
Preferred Email					Cell Phone
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title/Position		Date of Hire:	Employer	
Employer's Address		City	State	Zip	Work Phone
Current Work responsibilities and schedule					
Volunteer and Community Experience. Attach additional sheet(s) if needed.					
Organization		City		State/Zip Code	
Phone		Your Position		Time Period	
Organization		City		State	
Phone		Your Position		Time Period	
Special interests, hobbies, and skills					
How many hours per week are you available to volunteer?		Days	Evenings	Weekends	Can you make a one-year commitment to this volunteer role? <input type="checkbox"/> Yes <input type="checkbox"/> No

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

Would you be available for periodic volunteer training sessions? Yes No
Please list the day and time you are available to attend the training session:

What First Aid Training have you received?
Dates Completed:

What CPR Training have you received?
Dates Completed

References. Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

Name	Daytime Phone	Evening Phone
Address	City	State/Zip Code
Relationship to reference		Email

Name	Daytime Phone	Evening Phone
Address	City	State/Zip Code
Relationship to reference		Email

Name	Daytime Phone	Evening Phone
Address	City	State/Zip Code
Relationship to reference		Email

Signature of Applicant **Date**