

Adult Volunteer Information Form: First United Methodist Church

PLEASE PRINT -AND- FILL OUT COMPLETELY

Legal Name: _____

Other Names: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____ Date of Birth ____ / ____ / ____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Race: (please select one)

☐ American Indian or Alaskan Native

☐ Black

☐ Asian or Pacific Islander

☐ White

☐ Unknown/Other

Gender: (please select one)

☐ Male

☐ Female

☐ Unknown/Other

Volunteer Area(s): _____

Emergency contacts:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Allergies/medical information or other concerns:

Please provide the names and telephone numbers of three non-related persons who can serve as a reference for your character and ability to work with children and youth:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

☐ I hereby authorize FUMC of Howell to request reference/background information from the State of Michigan and the persons I have listed above. I release FUMC from all liabilities that may result from any such disclosure made in response to this request. I understand that only information pertaining to my ability to serve as a volunteer will be shared. The above information is true to the best of my knowledge. I have carefully read the policy and procedures of FUMC and I agree to abide by them, to protect the health/safety of the children/youth assigned to my care or supervision at all times.

☐ Copy of Driver's License is provided

Signature: _____

Date: _____