

Last Name _____

VOLUNTEER INFORMATION
Santa Cruz Valley United Methodist Church

Full Name _____

Phone (home) _____(cell) _____

Address _____

City/State/Zip _____

Maiden Name or other names used _____

e-Mail address _____

Other Addresses used in last 5 years _____

Date of Birth _____ Social Security # _____

Driver's License #/State _____

Volunteer history, experience in child and youth work _____

Name and contact information for three non-related references

Length of time at Santa Cruz Valley United Methodist Church _____

Other churches associated with in last 5 years _____

Age group/s preferred _____

List any gifts, talents, training, education or other factors that have
prepared you for work with children and/or youth _____

Have you ever been arrested? _____
Have you been convicted of, or pled "no contest" to a crime? _____
Do you know of any reason why you should not work with children or
youth? _____
If you answered YES to any of the above, please explain _____

The signature below indicates my desire to volunteer in the nursery,
children's and/or youth ministries at Santa Cruz Valley United Methodist
Church. I give permission for the above references to be contacted for the
purpose of determining my suitability to be a volunteer.

Signature _____ Date _____

CHILD PROTECTION POLICY AND PROCEDURES ACCEPTANCE

I have read and understand the Child Protection Policy and Procedures of
Santa Cruz Valley United Methodist Church, and indicate my agreement to
abide by these.

Signature _____ Date _____

Ministry Director Signature _____