

# Volunteer Application



*Change your life. Turn to God!  
Acts 2:38 msg*

## PERSONAL:

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers License # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Children: (Optional) \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone or Pager: \_\_\_\_\_

Special talents/Certifications: (Check all that Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> First Aid         | <input type="checkbox"/> EMT              |
| <input type="checkbox"/> CPR               | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Lifeguard         | <input type="checkbox"/> Doctor           |
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Counseling       |
| <input type="checkbox"/> Ropes Facilitator | <input type="checkbox"/> Other: _____     |

Hobbies: (List everything you can think of)

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Spiritual Gifts: Check all that Apply - If you don't know your spiritual gifts, would you be interested in filling out a questionnaire to discover them?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Exhortation | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Serving     | <input type="checkbox"/> Perceiving     |
| <input type="checkbox"/> Giving      | <input type="checkbox"/> Compassion     |
| <input type="checkbox"/> Teaching    |   |

1. Write a brief testimony about how you became or why you are a Christian on the back of this page.

**MINISTRY:**

1. How long have you been a member of Lake Jackson First UMC?
2. How long have you been involved in a Christian Church? Where?
3. What are some other ministries that you have been or are involved in?
4. Why aren't you involved in these ministries anymore?
5. Why do you feel called to be in youth ministry?
6. What expectations do you have about being in youth ministry?
7. What are you doing to grow closer to Christ in your daily walk with Him?

**LEGAL/LIFESTYLE:**

1. Are you using illegal drugs?
2. Have you ever been through treatment for alcohol or drug abuse? When?
3. What's your view on alcohol? (Our policies prohibit it for any church function.)

4. In addition to these questions our church requires you to fill out another form in order to comply with the United Methodist Church's "Safe Sanctuary" policy. Are you willing to fill it out and have this background check run?

Please attach a copy of your driver's license and insurance card if you will be a driver for any of these programs.

Now that you've "run the gauntlet," please check which area(s) of youth ministry would you like to be involved in and state below why those particular area(s)?

- Sunday School
- U-TURN (Sunday Nights)
- The Garage (Wednesday Nights)
- FUEL (Tuesday Mornings)
- Small Group Ministry
- Drama Ministry (Sunday Afternoons)
- Music Ministry (Sunday Afternoons)
- Other

By my signature, I certify that the above information is true and correct, and I hereby grant my permission for Lake Jackson FUMC to do a background check.

\_\_\_\_\_  
Signature (sign in front of notary)

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

STATE OF TEXAS

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County, Texas  
My commission expires \_\_\_\_\_