

**Aldersgate United Methodist Church
Open Arms Ministry**

Volunteer Application and Authorization

Date of application: _____

First Name Middle Name Last Name

Date of Birth _____ Sex _____

Social Security number _____

Drivers License number _____ State _____

Home Address _____

City _____ ZIP _____

Home phone _____ Email Address _____

Place of employment _____

Occupation or position _____

Work Phone _____ Cell Phone _____

Preferred time and method of contact (check one)

- Home phone Time _____
- Work phone Time _____
- Cell phone Time _____
- Email
- Postal mail

Education, special training or previous volunteer experience: _____

Health limitations or special considerations: _____

Legal History:

- | | | |
|--|-----|----|
| 1. Are you free of illegal substance abuse? | Yes | No |
| 2. Have you ever been convicted of a criminal offense? | Yes | No |
| 3. Have you ever been arrested or convicted for the use or sale of drugs? | Yes | No |
| 4. Have you ever been treated for alcohol or substance abuse? | Yes | No |
| 5. Have you ever been arrested or convicted of child neglect, abuse, or any form of sexual misconduct? | Yes | No |
| 6. Has your driver's license ever been suspended or revoked? | Yes | No |
| 7. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? | Yes | No |

FOR ANY "YES" ANSWERS ON NUMBERS 2- 7, PLEASE INCLUDE A DETAILED EXPLANATION.

Personal References: Please list all information for your references. We ask that the references be a current or former employer and/or supervisor for previous volunteer work.

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

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Addendum: Adult's Special Needs Ministry

Areas of interest as volunteer (check as many that apply)

- Administrative assistant
- Data entry/computer work
- Room preparations and set-up for Open Arms
- Speaker's bureau
- Volunteer coordinator
- Resource coordinator
- Other _____

Activities of interest at Open Arms (check as many that apply)

- primary care of adults
- music
- crafts
- hospitality (greeting, snacks, etc.)
- leading group activities
- participating in group activities
- other _____

I am comfortable with adults who are

- medically fragile
- emotionally challenged
- hyperactive

Fluent in other languages?

- Sign language
- Spanish speak write read
- Other speak write read

More about me

My strengths that I bring to caring include:

My experience with adults with special needs includes:

Sports and hobbies that interest me:

Licenses, permits or certifications I hold:

I know CPR _____ Course taken _____ Date _____

Have you had experience as a friend or family member with an adult who has special medical or emotional needs?

Emergency contact name and number _____

Signature

Date