

ASBURY UNITED METHODIST CHURCH
VOLUNTEER INFORMATION SHEET
(Please Print Clearly)

Name _____
 First Middle Last Maiden

Former Names (and dates used) _____

Address _____
 If at current address less than five years, please list previous addresses on back

City/Zip _____ E-mail _____

Home Phone _____ Cell Phone _____

Birth Date (mm/dd/year) _____ Gender (circle) M F Race _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Address _____

Phone _____
 Day Evening

**** PERSONAL DATA:** Personal data is considered private and confidential, available to the Business Administrator and Financial Secretary of Asbury Church and to Protect My Ministry (the company that will facilitate background checks for church staff and volunteers).

Social Security Number _____

Driver's License Number & State _____

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, D.U.I. or motor vehicle violations)? _____ Yes _____ No
If yes, please explain on back.

WAIVER and CONSENT:

I, _____, hereby certify that the information I have provided on this application is true and correct. I authorize Asbury United Methodist Church to verify the information I have provided and I understand that this information will be used to facilitate both National Criminal and National Child Abuse checks.

Signature

Date