



Western North Carolina Conference

The United Methodist Church

VOLUNTEER INTEREST MADISON UNITED METHODIST CHURCH

Thank you for your interest in volunteering with Madison UMC! In an effort to protect children, youth, vulnerable adults, and the volunteers who serve those populations, all volunteers must complete an interest form, consent to a national background check and participate in an interview process. When completed, submit this form to the Church Office. If you have questions, contact Wendy Biggs at mumcnc@gmail.com or (336) 548-6658.

GENERAL INFORMATION:

Name you go by: _____ Last Name: _____

Address: _____ City, State & Zip: _____

E-Mail Address: _____ Phone Number: _____

Date of Birth: _____ Select One: Male Female

JOB INFORMATION:

Occupation: _____ Employer: _____

Current Responsibilities and Schedule: _____

VOLUNTEER HISTORY:

Current/Previous Volunteer Experience: _____

VOLUNTEER INTEREST:

Availability (select all that apply): Days Evenings Weekdays Weekends

Select any activities for which you are interested in volunteering:

- Sunday School Youth Group Shut-In Visitation Mission Work/Trip Tutoring Confirmation

Can you make a one-year commitment? Yes No

Do you have your own transportation? Yes No

Why would you like to volunteer for this particular ministry? _____

What gifts or talents would you bring to this ministry? _____

BACKGROUND CHECK:

Have you ever been charged with, convicted of or pled guilty to a crime? Yes No

If yes, please explain: _____

Do you consent to a national background check? Yes No



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REFERENCES:

Please list three personal references for the church to contact. (Do not provide a reference who is related to you by blood or marriage.)

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

Name: _____ Relationship: _____

E-Mail Address: _____ Phone Number: _____

OFFICE USE ONLY:

Applicant contacted?

Yes (attach copy of communication) Date: _____ Initials: _____

References contacted?

Yes (attach copy of communication) Date: _____ Initials: _____

Background check completed?

Yes Date: _____ Initials: _____

Passed? Yes No

Supervisor notified?

Yes (attach copy of communication) Date: _____ Initials: _____

Follow-up action:

Signature: _____ Date: _____

Printed Name and Title: _____