

Philadelphia United Methodist Church Safe Sanctuaries
VOLUNTEER APPLICATION / REFERENCE

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Employer: _____

Current Job Responsibilities and Schedule: _____

Previous Work Experience: _____

Previous Volunteer Experience: _____

Special Interests, Hobbies, and Skills: _____

How many hours per week are you available to volunteer? _____
_____ Days _____ Evenings _____ Weekends

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (list policy limits and name of carrier) _____

Why would you like to volunteer as a worker with children, youth and/or vulnerable adults?

What qualities do you have that would help you work with children, youth and/or vulnerable adults? _____

How do/would you discipline your own children? _____

