

Community Church at Ocean Pines
11227 Racetrack Road – Route 589 at Beauchamp Road
Berlin, Maryland 21811
Telephone: 410-641-5433
Fax: 410-641-5894
www.ccaop.org

Volunteer Application
Children/Youth Ministries

Name: _____

Address: _____

Date of Birth: _____ SSN# _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____

Employer: _____ How long? _____

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? _____

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

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

Would be available for periodic training sessions? _____

Do you have your own transportation? _____ Valid driver's license? _____

Current driver's license and state: _____

If you will be transporting children, do you have liability insurance? _____

List name of carrier and policy limits: _____

Have you ever been exposed to an incident of child abuse or neglect? _____

If yes, would you like to talk to a minister about the incident? _____

Have you ever been charged, convicted of, or pled guilty to any criminal offense?

Yes _____ No _____

Have you ever been charged with or convicted of child neglect or abuse?

Yes _____ No _____

Have any complaints or allegations of misconduct involving children ever been made against you?

Yes _____ No _____

Have you been convicted of the possession, use, or sale of drugs?

Yes _____ No _____

Within the past 30 days have you abused alcohol, legal or illegal drugs?

Yes _____ No _____

Have you been convicted or plead guilty to a traffic offense within the last 5 years?

Yes _____ No _____

Please explain fully and "YES" answers to the above 6 questions. In addition, 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? (explain) _____

Please provide the names and contact information for 3 references, not related to you:

1. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

2. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

3. Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

This information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information and this release may be sent to any reference. I also agree to hold harmless Community Church at Ocean Pines United Methodist Church, and the officers, employees, and volunteers thereof from any use of this applicant of information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information is true and correct; if it is found that the answers given are untrue, I understand that it may be cause of dismissal. I give permission to Community Church to run a background check.

Print Name: _____ Date: _____

Signature: _____ Date: _____