

UNITED METHODIST CHURCH OF THOUSAND OAKS
Youth Volunteer Application

Full Name _____

Current Grade: _____ D/O/B ___/___/___

Address: _____

Cell Phone _____ Home Phone _____

Email _____

Who should we contact in case of emergency? _____

Phone: _____

Do you speak a foreign language? Yes No Which language? _____

Do you carry at least a "B" average?

Have you ever volunteered in the past at UMCTO, or any other Community Agency? If so, when?

Have you ever been convicted of a crime? Y/N? If so, explain.

Write a short summary, on reverse, about your interest in volunteering and how you hope to benefit from the experience.

Please provide a written character reference from at least two people, not relatives.

I, _____, verify all the above information to be accurate. I will attend a training on Safe Sanctuaries, and uphold the policies of the United Methodist Church.

Print Name _____

Signature _____ Date _____

Youth need Emergency Releases Signed By A Parent/Guardian