

St. Mark's United Methodist Church

37 E. Main Street, Mount Joy, PA 17552

(717) 653-5493

Volunteer Application

Name _____ Ministry of Interest _____
First Middle Initial Last

Address _____

Phone _____ How long have you lived at above address? _____

Mobile _____ How long have you lived in PA? _____

Email _____ If less than 3 years, previous address _____

In case of emergency, contact _____

Relationship _____ Phone number _____

How long have you been attending St. Mark's? _____

Are you over the age of 18? _____

Education: Highest grade/degree completed _____

Applicable experience/course work/training _____

References: List two references (no relative or St. Mark's staff) that can provide information/verify your history of working with children

Name	Address	Phone Number	How acquainted?

Do you have any physical/mental conditions which may prevent you from performing this job? _____

Have you ever been convicted of a felony? _____

Have you ever been formally accused of child abuse? _____

St. Mark's Safe Sanctuary Policy requires all potential volunteers to have a Criminal Background Check and a Child Abuse Check and in some cases, an FBI check. A copy of the policy is available at the Welcome Center, Church Office, and our church website: www.connectstmarks.com

I authorize St. Mark's United Methodist Church to request information and verify that all information furnished in this application is correct. I understand that a volunteer position is based upon satisfactory results from the Criminal background check and the Child Abuse check.

I have reviewed the Safe Sanctuary Policy (if copy not provided, please ask for one).

Applicant's Signature _____ Date _____