



VOLUNTEER APPLICATION

Name: _____

Address: _____

Phone () _____ - _____

Two contacts in case of emergency:

Name _____ Phone () _____ - _____

Name _____ Phone () _____ - _____

Volunteer Time Commitment: _____

Hours _____ Day(s) of the Week _____

Morning _____ Afternoon _____ Evening _____

Previous Volunteer Experience relevant to FUMC: Yes No

If yes, where? _____

May we contact this organization: Yes No Phone () _____ - _____

Employment relevant to volunteer opportunities at FUMC:

Hobbies/Special Interests relevant to volunteer opportunities at FUMC:

Memberships: _____

Church Affiliation: _____

Please list three references:

Name / Relationship (non-family)	Phone Number
1. _____ / _____	Phone () _____ - _____
2. _____ / _____	Phone () _____ - _____
3. _____ / _____	Phone () _____ - _____

I understand that it is required by State regulations that all volunteers and employees complete a two-step Mantoux Test (tuberculosis screening) initially and annually thereafter a one-step. The test is administrated by licensed nursing staff and is free of charge. The two-step entails obtaining a Mantoux Test shot and then reporting back THREE DAYS LATER to have the test read by a qualified nurse. Two weeks after the first test a second Mantoux Test shot will be completed and read THREE DAYS LATER. Thereafter it is required annually. Test results are kept on file according to State regulations.

_____ Date ____ / ____ / ____
Applicant's signature

_____ Date ____ / ____ / ____
Parent/guardian signature

(Minimum age of volunteer is 16 years of age. If applicant is under 18 years of age, parental or guardian's signature is required)