

Volunteer

In case of an emergency, and for the safety of our church, we are asking that everyone who volunteers with children/youth in any way in our church, fill out this form, and return it to Kari Staus (Christian Ed Director) or Paul Wilson (Youth Ministry Coordinator) .

Name _____

Address _____

Home phone: _____ Cell phone: _____

Date of Birth _____

Email address: _____

Allergies _____

Emergency Contact & Phone # _____

Do you have any criminal charges against you or were you ever convicted of any crime, anywhere? Yes _____ No _____

If YES Explain:

Can we do a background check on you? Yes _____ NO _____

If NO Explain: _____

Yes ___ No ___ I hereby grant permission for my name and/or photo to be used and displayed through publicity or program functions connected with FUMC - Hartford.

Yes ___ No ___ I hereby grant permission to FUMC - Hartford to take whatever steps necessary to obtain emergency medical care for me, if need be.

Signature _____

Date: _____