

Dauphin Way United Methodist Church, Mobile, AL

Joy for Johnny

Volunteer Application and Authorization

Please print neatly!

Date of Application: _____

Name: First _____ Middle _____ Last _____

Name you go by: _____ Date of Birth: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

DWUMC attendee or member? _____ If yes, how long? _____

If no, current or previous church affiliation: _____

Home address: _____ Since: (mo/yr) _____

City: _____ Zip _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Place of Employment: _____

Occupation or position: _____

Work Phone: _____ work email address: _____

Fax Number: _____ Other: _____

Preferred time and method of contact:

____ Home Phone Time _____

____ Work Phone Time _____

____ Mobile Phone Time _____

____ Email

____ Postal Mail

Have you previously authorized a background check by DWUMC? YES NO

If "Yes", for working in which area? _____

Emergency contact name: _____

Phone number: _____

How did you hear about Joy for Johnny? _____

Joy for Johnny Volunteer Application

VOLUNTEERING:

Most *Joy for Johnny* volunteers are direct caregivers for the children, but volunteers also play an important role with many “behind-the-scenes” tasks. Please indicate all areas with which you are willing to help (*checking these will not obligate you to any task*):

Areas of interest as a volunteer (check as many as apply):

- Administration - Data entry, computer work, filing, etc.
- Parent hospitality, new volunteer orientation
- Room preparations and set-up, clean-up
- Volunteer Coordinator
- Resource Coordinator
- Meal Coordinator
- Activities Coordinator:
 - Crafts
 - Music
 - Leading other group activities _____
- Other: _____

OR

- I am only interested in providing one-on-one care giving at this time.

I am comfortable with children who are (check as many as apply):

- Medically fragile
- Uncommunicative
- Emotionally challenged
- Hyperactive/ Attention Deficit Disorder
- Siblings
- Infants (age 2 months - 1 year)

I am uncomfortable working with children that are _____

I know sign language: Yes No Some

I know CPR _____ Course Taken: _____ Date: _____

Joy for Johnny Volunteer Application

These questions help us get to know you better so we can better utilize your gifts for the ministry:

Education, special training or previous volunteer experience: _____

Health limitations or special considerations: _____

My strengths that I bring to children include: _____

My experience with children with special needs includes: _____

Licenses, permits, or certifications I hold: _____

Sports and hobbies that interest me: _____

Other things you should know about me: _____

Joy for Johnny Volunteer Application

My computer skills include: _____

BACKGROUND CHECK AUTHORIZATION:

Former Name(s) and Dates used: _____

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Dauphin Way United Methodist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Dauphin Way United Methodist Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Dauphin Way United Methodist Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and date of birth.

Signature of Volunteer Applicant Date

Print Name

~~~~~

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed application to:  
Christina Burford or Cameron Riley, Dauphin Way United Methodist Church  
1507 Dauphin Street, Mobile, AL 36604*