



# St. John's United Church of Christ

1415 Rising Sun Rd., PO Box E, Laurys Station, PA 18059

Pastor: Rev. James T. Gottwald

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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Committee/Group for which you are volunteering: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer (Name and Address) \_\_\_\_\_

Volunteer availability (list hours): Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Weekend: \_\_\_\_\_

Can you make a one-year commitment to this volunteer role? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, Drivers License Number: \_\_\_\_\_)

Do you have liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, Carrier & Policy #: \_\_\_\_\_)

Would you like to volunteer as a worker with children and/or youth? Yes \_\_\_\_\_ No \_\_\_\_\_

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

**References:** Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and telephone number for each.

	Reference #1	Reference #2	Reference #3
Name			
Address			
Daytime Phone			
Evening Phone			
Relationship			