## CONFIDENTIAL



Memorial Drive Presbyterian Church believes that we are called by God to create a safe haven for all. We want to create a covenant community and an atmosphere of faith that upholds each person in Jesus Christ.

## **Volunteer Application**

For which area are you voluntee Last Name			
Address			
City			
Telephone()	Social Security Nu	mber	
Driver's License Number	S	tate	
Please list addresses for primary	y residences in the last 10 y	rears:	
Address:	City	State	Zip
From to			
Address:	City	State	Zip
From to			
Address:	City	State	Zip
From to			
Address:	City	State	Zip
From to			
If you have ever gone by anothe	er name, please indicate the	e name and time	periods used: _

If you would prefer to discuss the answers to the sensitive questions below with one of the MDPC pastors, please speak with a ministry representative in order to set up an appointment for that purpose.

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Answering "yes" to these questions does not a portunities.	automatically disqualify y	you from seeking vol	lunteer op-
Have you ever been convicted of a crime? Yes	s No If yes, p	blease explain	
Are you willing to be fingerprinted for a crim	inal records check? Yes_	No	
References (Please do not list family n	nembers)		
Name	Telephone	Years Known	
1.			_
2.			_
3.			_
By signing this form, I give Memorial Drive I history and background check at any time an I hereby release from liability Memorial Drive such information, and all other persons, corption.	d for any reason. e Presbyterian Church an	nd its representatives	for seeking
I hereby certify that all information provided false information could result in disqualificat		t. I understand that	providing
Signature of Applicant		Date/	_/