

VOLUNTEER APPLICATION

** Please submit this form with identity verification: a copy of a legal form of photo ID

Volunteer Position: _____

Applicant Name: _____

Previous Names: _____

SSN (this is required for the background check): _____

Date of Birth: _____ Phone Number: _____

E-mail: _____

Home Address: _____

Previous Addresses for the last seven years:

List and explain any criminal convictions. You may speak to the Director of Religious Education or Minister to explain.

Have you ever been accused of misconduct with a child or other vulnerable person? Yes/No

If Yes, please speak to the Director of Religious Education or the Minister to explain.

List two (non-family) references we can contact:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

By signing below, I (applicant) am stating that the above application is complete, truthful, and correct, and I give OUUC permission to request a background check.

X: _____ **Date:** _____

