BPUMC Children, Youth, and Vulnerable Person Volunteer and Employee Application

General Information

Full Name	DOB	GenderMF
Street Address		
City	State	Zip
Phone(H)	Phone(C)	
Email Address		
Membership and Service Informa	ation	
How long have you attended BPUN	/IC?	
What other churches have you prev	viously attended?	
Were you involved in any ministry t YesNo		
If Yes, what were you involved in, version?		
Have you been involved in any oth	er ministries at BPUMC?	YesNo If yes, which
ones?		

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BPUMC Safe Sanctuaries policy requires three NON-related references. Please list them below.

Reference Name	Contact number	Contact Address

The information in this application is correct to the best of my knowledge. I give the Bluff Park United Methodist church permission to contact my references and any churches I have served in the past, for referral purposes. I acknowledge that I will be required to successfully complete a background check.

Signature