

Volunteer Interest Form

2023-2024 Program Year



Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name: _____ Preferred Pronouns: _____

Street Address: _____ Apt #: _____

City/State/Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ No Email: ☐

Preferred Spoken Language: _____ Second Language: _____

All About Me

Tell us a little about yourself by briefly completing these statements.

I am passionate about: _____

I am happy to help with: _____

I want to learn how to: _____

Please don't ask me to: _____

I thought you should also know: _____

Volunteer Interest Areas

- | | |
|--|--|
| <input type="checkbox"/> Community Ministries (General) | <input type="checkbox"/> Community Ministries (Wednesday Nights) |
| <input type="checkbox"/> Discipleship (Youth: Grades 6-12) | <input type="checkbox"/> Discipleship (Children: Grades PreK-5) |
| <input type="checkbox"/> Discipleship (Nursery: Infant-PreK) | <input type="checkbox"/> Discipleship (Adults) |
| <input type="checkbox"/> Fellowship / Special Events | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Congregational Care | <input type="checkbox"/> Church Committee / Council _____ |
| <input type="checkbox"/> Administration / Office | <input type="checkbox"/> Other _____ |

Volunteer Knowledge Areas, Skills & Abilities

Please list any special knowledge areas, skills, or abilities that you have related to the volunteer interest areas you checked above. Example: Classroom teaching experience, gardening, cooking, finance, etc.

Flip form over to continue...

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Volunteer Photo Release

I hereby authorize and consent to the use of images (still photograph, digital image, or video), with or without my name(s), by Trinity United Methodist Church of Grand Rapids for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Trinity United Methodist Church its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image.

Signature: _____

Date: _____

Volunteer Driver Application



Volunteer Driver Application (Optional)

In addition to the *Volunteer Interest Form* and the *Safe Gatherings* registration, background, and reference checks, this form must also be filled out in order for you to be a driver during events involving children, youth, and vulnerable adults. A copy of your driver's license and proof of insurance is required.

Full Name: _____

Previous Last Name(s): _____ Date of Birth: _____

From Driver's License:

License Number: _____ Issuing State: _____

Expiration Date: _____

Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain: _____

From Proof of Insurance:

Carrier Name: _____

Please Initial Each Line Below, Agreeing That:

_____ I am 21 years of age or older.

_____ I will wear and agree to require all passengers to wear seat belts or restraints.

_____ I will drive in a safe and responsible manner and will not exceed posted speed limits.

_____ I consent to a driving record background check.

Signature: _____

Date: _____