Program for which you are applying:						
Today's date:						

ADULT Volunteer Application for Children & Family Ministry

Davidson United Methodist Church, 233 South Main Street, Davidson, NC 28036

Last Name:		First Name:			Middle Initial	
Birthdate:	Marital Status:					
Address:		City & State			Zipcode	
Best phone number to	call:	Best number to text:				
E-mail Address:						
Preferred method of be	eing contacted?	Phone call	Text	E-mail	Does not matter	
How long have you bee	en actively attendi	ng Davidson Un	ited Metho	odist Church?		
AVAILABILITY (Check a	all that apply.)					
☐ I am available Sunda	ay mornings.					
☐ I am available Sunda	ay evenings.					
□ I am available for fu	ture summer cam	ıps.				
☐ I can complete tasks	s during the week	, such as prepar	ing crafts, I	making copie	s, etc.	
EXPERIENCE WITH CHI	<u>LDREN</u>					
Describe any experienc	e you have had w	orking with chil	dren. Inclu	ıde both paid	and volunteer positions	

GETTING TO KNOW YOU Why do you feel led to volunteer with children and, specifically, at Davidson UMC? We all have spiritual gifts. What do you see as yours? Briefly describe your spiritual journey.

Thank you for applying! We will be in touch soon and look forward to meeting with you.

DAVIDSON UNITED METHODIST CHURCH