

# VOLUNTEER FORM

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Maiden Name and/or Aliases</b>	<b>Social Security Number</b>	<b>Date of Birth (MM/DD/YYYY)</b>
<b>PA Driver License Number</b>	<b>Gender</b>	<b>Home Address</b>
<b>Home Phone Number</b>  <b>Cell Phone Number</b>	<b>Are You A Current Member of SPC?</b> <b>(circle correct answer)</b>  <b>Y or N</b>	<b>Email</b>

By signing this volunteer form, you are consenting to permit the church to perform background checks at its discretion and that you have read and agree with our Statement of Purpose and Procedure Safeguarding the Well-Being of Children and Youth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

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