

# Warner Christian Academy



Office Use Only:

## VOLUNTEER APPLICATION

We at Warner Christian Academy want you to know that volunteers make a real difference to the faculty, staff and students. Our institution could not accomplish all it does without the help of volunteers.

In order to process your request to volunteer at Warner Christian Academy, you will need to complete this volunteer application accurately and completely. In accordance with Florida law, all adults who wish to volunteer at the school, including chaperoning field trips, must be fingerprinted, background checked, and approved by the administration before being allowed to participate in any school sponsored event.

Thank you for offering your time and talents to enhance the education of the Warner Christian Academy students.

### **Contact Information: (Please Print Neatly)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Telephone#: \_\_\_\_\_

What church do you attend? \_\_\_\_\_

### **Demographic Information:**

Sex:        Male        Female        Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
STATE Driver's License Number

Age Range:        Under 21        21-61        61+

### **I am interested in the following volunteer placement:**

**Please check all that interest you:**

- |                   |                        |             |                  |
|-------------------|------------------------|-------------|------------------|
| Art               | Clerical               | Intramurals | Reading Programs |
| Athletic Coach    | Discovery (N.I.L.D.)   | Library     | Tutor            |
| Chapel Speaker    | Field Trip (Day)       | Music/Band  | Other            |
| Classroom         | Field Trip (Overnight) | Physical Ed |                  |
| Classroom Speaker | Homeroom Parent        | PTF         |                  |

I am available on the following days and during the following times:

Monday                      Tuesday                      Wednesday                      Thursday                      Friday  
Times: \_\_\_\_\_ Times: \_\_\_\_\_ Times: \_\_\_\_\_ Times: \_\_\_\_\_ Times: \_\_\_\_\_

I prefer the following grade level (Please check all that applies):

Preschool                      Elementary                      Middle School                      High School

Please list career/volunteer experiences, talent, languages, skills or hobbies: \_\_\_\_\_  
\_\_\_\_\_

Do you have children attending WCA?    YES                      NO

If yes, please provide the children's name, teacher's name and grade level: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, found guilty, entered a plea of no contest, entered into a deferred prosecution or pre-trial intervention agreement, or had adjudication withheld in a criminal offense other than a minor traffic violation? DUI is not a minor traffic violation. Are there any criminal charges now pending against you? Sealed or expunged records must be reported pursuant to S.943.0585F.S.

**PLEASE CHECK ONE:**    YES                      NO (A "NO" checked, means "NO" to every statement above.)

Failure to answer these questions accurately could result in your being ineligible to volunteer with Warner Christian Academy. A yes or no answer is required. If you check the yes box, please indicate below or separate sheet: date(s) of arrest, where arrested, nature of charge(s) and disposition(s) for each charge. It is a misdemeanor of the first degree for any person willfully, knowingly, or intentionally to fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for voluntary or paid employment a material fact used in making a determination as to such person's qualifications for a position of special trust.

WHERE ARRESTED: \_\_\_\_\_ DATE(S): \_\_\_\_\_

NATURE OF CHARGES: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

By signing, I agree to abide by the policies and/or procedures of Warner Christian Academy. I understand that the program reserves the right not to place me or to discontinue the use of my services as a volunteer. I also understand that volunteers may be required to submit to a drug screening upon notification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature