VOLUNTEER APPLICATION

The purpose of this application is to help Unity Christian School provide a safe and secure environment for our students. The application is to be completed by all individuals who wish to volunteer in the classroom, interact directly with students and/or drive a bus.

PERSONAL INFORMATION

Last Name_____ First Name_____ MI____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____ Work Phone_____

Email Address_____ Occupation_____

Names and grades of Children_____

_____

_____

VOLUNTEER INFORMATION

List your skills, experience, and talents:

_____

_____

_____

What are you passionate about?

_____

_____

_____

Is there a specific area in which you hope to volunteer?

_____

_____

_____

What do you, personally, hope to gain from your volunteer experience?

_____

_____

_____

Any specific times/days you are free to volunteer?

_____
_____
_____

REFERENCES (Other than relatives)

Name_____Phone_____

City_____State_____

Name_____Phone_____

City_____State_____

APPLICANT VERIFICATION AND RELEASE

I recognize that Unity Christian School (UCS) is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize UCS to contact any person or entity listed in this application, and I further authorize any such person or entity to provide UCS with information, opinions, and impressions related to my background or qualifications.

I voluntarily release UCS and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize UCS to conduct a criminal background check.

I have read the UCS Volunteer Handbook and the Parent/Student Manual, and I agree to abide by all school policies in order to protect the health and safety of UCS students. I further agree with the Mission, Purpose and Strategy of UCS and affirmation of the UCS Statement of Faith.

I pledge to respect the confidentiality of any information I may find out while working in the role of a volunteer.

Printed Name_____

Signature_____Date_____

Please return to: UCS Volunteer Coordinator, 2960 New Calhoun Highway, 2960 New Calhoun Highway, Rome, GA 30161

For Office Use Only.

- O Attended training session
- O Submitted application
- O References checked
- O Background check complete
- O Letter sent regarding completion

Date completely cleared:

_____