

**VOLUNTEER APPLICATION**  
CONFIDENTIAL

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 any capacity.

**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 \_\_\_\_\_

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**VOLUNTEER INFORMATION**

List your skills, experience, and talents:

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What are you passionate about?

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

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

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Any specific times/days you are free to volunteer?

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**REFERENCES (Other than relatives)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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 pledge 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*

<p>For Office Use Only.</p> <ul style="list-style-type: none"> <li><input type="radio"/> Attended training session</li> <li><input type="radio"/> Submitted application</li> <li><input type="radio"/> References checked</li> <li><input type="radio"/> Background check paid for: ___ cash ___ check</li> <li><input type="radio"/> Background check complete</li> </ul> <p>Date completely cleared: _____</p>
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