



## CCA VOLUNTEER APPLICATION

### Volunteer Information

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Marital Status: \_\_\_Single \_\_\_Married \_\_\_Divorced \_\_\_Engaged

Position and age group you wish to work with:

\_\_\_\_\_

Days and times available:

\_\_\_\_\_

\_\_\_\_\_

Experience pertaining to the desired position:

\_\_\_\_\_

\_\_\_\_\_

Other volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

Have you had First Aid training? \_\_\_Yes \_\_\_No

Do you have CPR Certification? \_\_\_Yes \_\_\_No

**Spiritual Life**

Briefly describe your acceptance of Jesus Christ as your Lord and Savior. How? When?

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Describe your current relationship with Jesus Christ.

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Please explain what you feel God's plans are for your life (present and future).

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**Church Life**

Please list church/churches that you have regularly attended in the past five years.

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Describe any ministry involvement with your church.

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**General Information**

Do you use tobacco? \_\_\_Never      \_\_\_Occasionally      \_\_\_Frequently

Do you use alcohol? \_\_\_Never      \_\_\_Occasionally      \_\_\_Frequently

Do you have any physical limitations or conditions preventing you from performing certain types of activities or working with children? \_\_\_No \_\_\_Yes If Yes, please explain:

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Are you on medication? (If so, what kind and for what diagnosis?)

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### **Personal References**

Three references we can contact (please do not include family members):

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Emergency Contact**

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you (spouse, friend, etc.): \_\_\_\_\_

## CONFIDENTIAL - BACKGROUND CHECK AUTHORIZATION

Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

SSN#: \_\_\_\_\_ DL#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Who do you live with?: List by relationship and gender as needed (ex. Mom, brother, roommate (male), etc.)

\_\_\_\_\_

Have you ever been convicted of a criminal offense? Including any withheld judgements? Have your charges been expunged? Have you ever had any allegations/convictions or domestic violence? (excluding minor traffic violations) \_\_\_No \_\_\_Yes If Yes, please explain:

\_\_\_\_\_

Have you ever demonstrated/been accused of sexual misconduct or inappropriate behavior with children? \_\_\_No \_\_\_Yes If Yes, please explain:

\_\_\_\_\_

List the states that you have lived in over the past five year: \_\_\_\_\_

Will you allow Calvary Christian Academy to perform a criminal background check? \_\_\_Yes \_\_\_No

## AGREEMENT

I recognize that Calvary Christian Academy to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct. The information contained in this application is correct to the best of my knowledge.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Calvary Christian Academy or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

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

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

I have carefully read the policy and procedures of the Calvary Christian Academy and I agree to abide by them and to protect the health and safety of the children at all times.

Calvary Christian Academy and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Please initial:

\_\_\_\_\_ I understand the doctrinal affirmation, mission, vision and values for Calvary Christian Academy and will adhere to this when involved with children or youth.

\_\_\_\_\_ I understand the Child Abuse Policy for Calvary Christian Academy and will adhere to this when involved with children or youth.

I understand the responsibilities set forth when working with children as a volunteer for Calvary Christian Academy. I understand the policies that have been presented and will adhere to these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_