

NEW LIFE CHRISTIAN ACADEMY HYBRID VOLUNTEER APPLICATION

New Life Christian Academy Hybrid is committed to the Christian mission of promoting the full development of the whole child in Christ - spiritually, mentally, and physically.

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, NLCAH does reserve the right to use appropriate selection criteria.

SCHOOL YEAR: _____

PERSONAL DATA

STUDENT'S NAME		GRADE	
ADDRESS			
HOME PHONE	WORK PHONE	OTHER	
SSN	GENDER	DATE OF BIRTH	
HAVE YOU EVER COMP	LETED A VOLUNTEER APPLIC	ATION WITH US BEFORE? 🗌 YES 🗌	NO
ARE YOU A U.S. CITIZEN	N? 🛛 ES 🗖 NO		
HAVE YOU EVER BEEN	CONVICTED OF AN OFFENSE	OTHER THAN A TRAFFIC VIOLATION	?
			?
	CONVICTED OF AN OFFENSE (, PLEASE EXPLAIN IN DETAIL.		?
			?
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□'res □\no if yes	, PLEASE EXPLAIN IN DETAIL.		
□'res □\no if yes	, PLEASE EXPLAIN IN DETAIL.		
□'ES □NO IF YES	, PLEASE EXPLAIN IN DETAIL.		
□'ES □NO IF YES	, PLEASE EXPLAIN IN DETAIL.		

VOLUNTEER POSITION DESIRED					
DATE AVAILABLE / DAYS AVAIL	ABLE OMOTOWOTHOF				
VOLUNTEER PREFERENCE (CHECK ALL THAT APPL	LY)				
 LUNCHROOM ATTENDANT OFFICE AID FIELD TRIP CHAPERONE STUDENT PLAY VOLUNTEER 					
• COSTUMES					
• SET					
• DIRECTOR					
• OTHER					

- ART TEACHER
- ATHLETIC TEAM COACH
- PHYSICAL EDUCATION ASSISTANT
- CLASSROOM ASSISTANT
- SUBSTITUTE TEACHER

• CLASSROOM ASSISTANT/SUBSTITUTE TEACHERS SPECIFY SUBJECT

REFERENCES

Give the name of three persons you are not related to and whom you have known for at least one year.

Name	Relationship	Phone#
Name	Relationship	Phone#
Name	Relationship	Phone#

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement(s) on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

SIGNATURE

DATE