	LEGACY CHRISTIAN ACADEMY *Lake Wales Campus* **School Volunteer / Chaperon Registration**	**2025.SS.008** **LCA** **Lake Wales, FL** **REV: 03/26/2025**

SCHOOL VOLUNTEER REGISTRATION

Name: _____ **Age:** _____

DOB: _____ **SSN:** _____ **Gender: Female / Male**

Address: _____

City: _____, **Florida, Zip:** _____

Home Phone: _____ **Cell:** _____

Email: _____

Employer: _____

Employer's Phone: _____

Who should we contact in case of an emergency? ***(¿A quién contactamos en caso de Emergencia?)***

Name: _____ **Relationship:** _____

Phone: _____ **Cell:** _____

STUDENTS INFORMATION

Student's Name	DOB	Grade	School Attending

It is understood that I am offering my services to the school without compensation and without any rights to health claim or medical or disability benefits in case of accident and/or injury.
(Entiendo que estoy ofreciendo mis servicios voluntarios sin compensación y sin ningún derecho a reclamar beneficios médicos o incapacidad en caso de accidente y/o herida.)

***A local background check from the Department of Law Enforcement is required for all volunteers and must be submitted with this application with a copy of your FL ID.**
****Se requiere una verificación de antecedentes del Departamento de Policía local para todos los voluntarios y debe ser presentada con esta solicitud con una copia de tu FL ID.***

_____ _____

Applicant's Signature **Date**
(Firma del Aplicante) ***(Fecha)***