



2018-19 Volunteer Application

Albany Christian School strives to partner with families and one of the way we do that is through volunteers. We appreciate and thank you for your service to ACS.

Volunteer Name: _____

Student Name(s): _____ Grade(s): _____

Phone: _____ Email: _____

Please check which area(s) you would like to volunteer in:

Classroom

- Classroom Volunteer
- Classroom Parent
- Field Trip Chaperone
- Special Take Home Projects

P.T.O

- Teacher Appreciation
- BINGO
- Pop Corn Days
- Last Day of School Party
- Raffles
- Special Events
- Greeters

Fundraising / Activities

- Annual Auction
- Walk-A-Thon
- Spelling Bee
- Speech Meet
- Grandparents Day
- Track Meet

Please read these statements and sign below that you agree and will adhere to them...

Albany Christian School relies on and functions around parent volunteers. I recognize following through with my commitment to volunteer at Albany Christian School is vital to the school's success. I understand that in order to volunteer at Albany Christian School I must have a current background check on file with ACS.

I have read and agree to the Volunteer policies set forth by Albany Christian School.

I have read and understand my obligations for preventing, recognizing, helping children experiencing, and reporting child abuse or neglect as stated in the Albany Christian School Child Abuse Training Packet.

I have received a copy of the **Albany Christian School's** Child and Youth Abuse Prevention Policy. I understand it is my responsibility to become familiar with and adhere to the information contained in it. I understand that these policies are the property of the **Albany Christian School**.

Signature

Date

For office use only: Step 1 - Application completed & signed Step 2 - Background check completed
 Step 3 - Added to Volunteer list Step 4 - Volunteer notified

Consent for Criminal Background Check

Your signature below authorizes Albany Christian School and Criminal Information Services, Inc. to obtain information about you. (If applicable) from various law enforcement agencies, courts and corrections agencies. **Please present drivers license to office staff.**

Please complete all information below. **Please print.**

Full legal name _____	Male _____	Female _____
Current address _____		
Other names used _____		
(Maiden, alias', legal name change. Etc.)		
Date of birth _____		
Previous addresses in the past 7 years _____		
Have you ever been convicted of a crime? Yes No		
If yes please explain _____		

I have reviewed and completed this form as applicable to me. I give Albany Christian School permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy, facsimile or digital copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate to my best knowledge.

Signature of applicant _____ Date _____

APPLICANT DRIVERS LICENSE NUMBER (REQUIRED) _____ State _____

Signature of Witness _____ Date _____