



## ACS Volunteer Application

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

Volunteer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student Name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_

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

<u>CLASSROOM</u>
<input type="checkbox"/> Classroom Volunteer
<input type="checkbox"/> Classroom Parent
<input type="checkbox"/> Field Trip Chaperone
<input type="checkbox"/> Special Take Home Projects
<input type="checkbox"/> Parent Driver

<u>P.T.O</u>
<input type="checkbox"/> PTO Leadership
<input type="checkbox"/> Teacher Appreciation
<input type="checkbox"/> Last Day of School Party
<input type="checkbox"/> Special Events
<input type="checkbox"/> Greeters

<u>FUNDRAISING / ACTIVITIES</u>	
<input type="checkbox"/> Annual Auction	<input type="checkbox"/> Walk-A-Thon
<input type="checkbox"/> Spelling Bee	<input type="checkbox"/> Speech Meet
<input type="checkbox"/> Math Olympics	<input type="checkbox"/> Track Meet
<input type="checkbox"/> Grandparents Day	<input type="checkbox"/> Mother's Day Chapel

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

- I understand that in order to volunteer at Albany Christian School I must have a current **Background Check** on file with ACS. I am willing to undergo a Background Check\* and agree to abide by the decision of the results.
- I am willing to submit and sign a Driver Waiver/School Liability Release form.
- Albany Christian School relies on and functions with parent volunteers. I recognize following through with my volunteer commitments to Albany Christian School is vital to the school's success.
- 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.
- 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 read and agree to the Volunteer policies set forth by Albany Christian School.

Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

\*Background checks are valid for two years. Check in the office to determine if yours is current.



## ACS PARENT DRIVER WAIVER

Field trip destination: \_\_\_\_\_

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

Thank you for your help in providing transportation for our children. For their safety, it is important that you read and complete the following:

We require that our field trip drivers have one seat belt per child. I am able to transport \_\_\_\_\_ number of seat belted children.

I am currently a licensed driver in good standing:  Yes  No.

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

My auto liability insurance company is \_\_\_\_\_

Policy Number or Agency \_\_\_\_\_

ACS has a copy of my insurance card?  Yes  No

I agree to:

1.  Have all children safety buckled in seat belts and/or car seats. Children under 40  pounds or 4 years of age require car seats.
2.  Follow exact directions given to destination.
3.  Return directly to the school immediately following the field trip.
4.  Notify teachers or trip leader immediately of any injuries or problems.
5.  I agree to indemnify, defend and hold harmless Albany Christian School, it's employees and agents for all costs, damages and attorney's fees arising out of providing transportation for the above stated field trip.

*Please Complete this document and return it to the teacher prior to the trip.*

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_\_\_  
Date

Office Use Only:	<input type="checkbox"/> Step 1 – Application Completed and Signed <input type="checkbox"/> Step 2 – Background Check Completed <input type="checkbox"/> Step 3 – Driver Waiver Form Completed <input type="checkbox"/> Step 4 – Added to Volunteer List <input type="checkbox"/> Step 5 – Volunteer Notified
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## Consent for Criminal Background Check

Albany Christian School ~ A ministry of Willamette Community Church

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 driver's license to office staff.**

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

Full legal name: _____ Male ___ Female ___
Current address: _____
Other names used: _____ (Maiden, aliases, legal name change. Etc.)
Date of birth: _____
Previous addresses in the past 7 years: _____ _____ _____
Have you ever been convicted of a crime? <b>Yes</b> <b>No</b>
If <b>yes</b> , 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 \_\_\_\_\_

<p align="center"><b><u>Criminal Background Check</u></b></p> <p>Approval: _____</p> <p>Renewal: _____</p>
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