



Volunteer Application 2019-2020

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: _____ 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.

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 – Added to Volunteer List
	<input type="checkbox"/> Step 4 – Volunteer Notified