

LIBERTAS CHRISTIAN SCHOOL APPLICATION FOR VOLUNTEER SERVICES

Thank you for your willingness to serve as a volunteer for Libertas Christian School! As a volunteer, you are making an important commitment. Please remember that even though you are not being compensated for your work, our staff will be depending on you. We trust you will honor your commitment just as conscientiously as if you were receiving wages. We're counting on you!

Miss Mrs. Mr.: _____
Last Name First Name Middle Initial

PHONE: _____ EMAIL ADDRESS: _____

ADDRESS: _____
STREET CITY STATE ZIP

Have you lived outside of Michigan in the last 25 years? Yes No

If yes, where? _____

Please list two (2) references with address and phone numbers: (non-relatives)

1. _____

2. _____

Currently a Student High School College _____
Name of School Major

Currently Employed: _____
Employer

Employment Experience: _____

Church Affiliation: _____ How long: _____

Please select the places/activities for which you would like to volunteer:

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle/High School | <input type="checkbox"/> Classroom Help | <input type="checkbox"/> Office |
| <input type="checkbox"/> Assisting Teacher | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Lunch Room Help | <input type="checkbox"/> Recess Help |
| <input type="checkbox"/> Reading Help | <input type="checkbox"/> Driver for field trip | <input type="checkbox"/> Other _____ | |

Day(s) of the week available to volunteer: _____

Do you have a communicable disease which could pose a threat to those you might be working with or which might be communicated to them under normal classroom circumstances? Yes No

I have read and understand Libertas Classical Association's Guidelines for Volunteers. I agree to comply to these guidelines. I have made complete and correct answers/statements on this application.

SIGNATURE: _____

PARENT SIGNATURE: _____
for volunteers under age 18

DATE: _____

Office Use Only:

Date BBP Viewed: _____

Criminal Check: _____

Date Approved: _____