

COMMUNITY CHRISTIAN SCHOOL VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Have you been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

Are you a parent? _____ Yes _____ No

Date of birth: _____

How far did you go in school? _____

What position are you applying for? _____

What day(s) are you interested in working? _____

What time of day are you available? _____

Can you commit to the entire semester? _____

If you have a disability, what accommodation would you need to do this volunteer position? _____

Please provide 3 personal or professional references:

Name: phone number personal or professional relationship

1. _____

2. _____

3. _____

I hereby attest that the above information is true to the best of my knowledge.

Signature Today's date