NorthRidge Church & Christian Academy Volunteer Application

Requested/Assigned School: Preschool Academy Church (Please Circle)

(If planning to serve at more than one school, please indicate all schools you do not have to complete another form)

Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____/_____/_____ **Social Security #:** _____-_____-_____ **Sex: M F**
(Month) (Day) (Year)

Phone #: (_____)_____-_____ **Drivers License:**_____ _____
(State) (Number)

Address:_____
(Street) (City/State) (Zip Code)

Note: if you have lived at your current address less than 5 years, please list previous address below.

Previous Address:_____
(Street) (City/State) (Zip Code)

Children in your family attending these schools:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

Is there any reason you should not work with or around children or youth? _____
Have you ever been the subject of a child abuse investigation? _____
If yes, please provide details: _____
Have you ever been convicted of or pleaded guilty to a criminal offense? _____
If yes, please provide details: _____

I hereby authorize NCA to conduct a criminal history record check:

_____ _____
Volunteer Signature Date

Criminal History Authorization For Volunteers

An authorization to conduct a criminal history check is required of Northridge Church & Christian Academy volunteers who will work directly with students. The Human Resources Department will be responsible for conducting criminal history checks. Information obtained will be used solely to determine eligibility for service as a volunteer.

Your signature authorized NCA to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine your acceptability for volunteer work. Failure to clear the criminal history record check as per school policy may disqualify you to serve as a volunteer in the school.

Volunteer Agreement

PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

As a partnership volunteer, I understand I am offering my services to NRC without compensation. I hereby release the school of liability and indemnify the school against any loss or damages ensuing while I am on school premises or on school business. **I agree to abide by the program guidelines and understand a background check will be conducted by the ministry.** All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the partnership volunteer program. **I further understand that if the results of my criminal history check are unacceptable to the ministry, I will not be eligible to serve as a volunteer.**

_____ _____
Volunteer Signature Date

Fee Paid: _____
Date Processed: _____
Date Approved: _____
Approval Signature: _____