



Volunteer Application

Please complete this application and include a copy of your driver's license & a picture identification. Submit in person or e-mail to admin@tdcapasadena.org.

BASIC INFORMATION:

Full Name: _____ Miss Ms. Mrs. Mr.
Maiden Name: _____ Female: Male:
Street Name: _____ City, State: _____ Zip _____
Phone: _____ Work: _____ Cell: _____
E-mail: _____

GENERAL BACKGROUND INFORMATION:

If currently employed,
Current Employer Name: _____ Phone: _____
Address: _____
Position: _____ Dates Employed: _____

Have you ever served in a volunteer capacity before: Yes No
If yes, please describe: _____

Have you ever worked with children before: Yes No
If yes, please describe: _____

Have you ever been convicted of any offense that involved drugs/alcohol? Yes No
Have you ever been arrested or issued a notice to appear in court for an alleged criminal
infraction? Yes No

If yes to either question above, please describe the incident(s) and the outcome:

NOTE: All TDCA volunteers are required to complete a Criminal Background Check.

REFERENCES:

Please list the names and addresses of two personal character references that you have **known for at least two years** who are **not family members**. Please notify your references that we will be contacting them.

(1) Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____
Phone: _____ Number of years known: _____

(2) Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____
Phone: _____ Number of years known: _____

YOUR INTERESTS/SKILLS:

What skills can you share with our school?

What do you want to learn?

How much time do you have to give?

How well do you think you work with children?

AVAILABILITY:

I would like to volunteer:

once a week more than once a week once a month for special events

I would like to volunteer as a: *(mark all that interest you)*

classroom assistant worship leader elective facilitator nursery worker
 special events planner/helper guest speaker fundraising media/website
 mentor tutor childcare during family events other: _____

I am available: *Note: our school days are Monday-Thursday

mornings afternoons evenings weekends

Classroom Volunteer Opportunities: 2017-2018 School Year

******Please complete this section if you are interested in assisting a teacher in the classroom******

TDCA school day information:

TDCA elementary school hours: 8am-3pm Monday, Tuesday, Wednesday, Thursday
 TDCA Preschool Co-op school hours: 8am-12pm Tuesday, Wednesday, Thursday

Traditional classroom volunteer shifts during school hours are: 8am-12pm (morning shift)
 12pm-3pm (afternoon shift)

If you are interested in volunteering in the classroom, please indicate grade-level preferences:

Preschool Kindergarten 1stst/2nd Grade 4th/5th Grades

Please indicate your comfort level doing the following:	Unsure	Low	Medium	High
Leading children in a group setting				
Working individually with children				
Preparing craft activities				
Assisting with simple lesson plans				
Administrative duties				
Organizing field trips/class outings				
Worship-leading				
Leading children in prayer				

AUTHORIZATION / DISCLAIMER:

- By signing below, I affirm that all the information provided in this application is true and correct to the best of my knowledge.
- I understand that the information on this form will be used to conduct character and background screening and authorize those names/organizations listed on this application to provide any needed information that will and can be used to help determine acceptance of this volunteer application.
- Any falsification on this application may result in disciplinary action by school administration including termination of the volunteer relationship and possible permanent restriction of future volunteer opportunities at Tabernacle of David Christian Academy Pasadena (TDCA).
- If I am accepted as a volunteer at TDCA, I agree to keep any and all information on all students confidential at all times.
- As a volunteer of TDCA, I am aware that I will not be compensated for my time and/or services performed and can terminate my services at any time.
- I understand that my application becomes the property of TDCA once submitted and that in the event of denial, the reason need not be given.
- All information provided by the applicant will be kept confidential.

Volunteer Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Accepted Denied Reason: _____

Volunteer Position Placement: _____ Grade/Teacher: _____

TDCA Contact Person: _____

Screening Date: _____ Completed By: _____

Orientation Date: _____ Completed By: _____

Training: _____

Notes: _____



Integrity Contract for Volunteers

By applying to be a volunteer here at TDCA, I agree to the follow standards of conduct:

- I agree to upholding an atmosphere of honor, character, and purity with the students, staff, and families here at TDCA.
- I believe that we are all one body in Christ and that we each play a unique and important role. As a volunteer, I will develop the God-given design of each child and sow into the destiny they have in the Lord.
- I agree to walking in personal purity and holiness. I align myself to the word of God and will live my life as worship unto a holy God: “Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship.” (Romans 12:1)
- I agree to pursuing a pure thought life and will, by the grace of God, live by the exhortation in Philippians 4:8: “Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.”
- I understand that TDCA is committed to maintaining a working and learning environment that is free from sexual harassment. I understand that there will be disciplinary consequences for sexual harassment towards students and that the site Administrator will take the necessary actions to resolve the offense.

By signing below, I commit to modeling a life of integrity for the students at TDCA.

Printed Name

Signature

Date

Authorization and Request for Criminal Records Check

For the safety of our students, Criminal Background Checks are required of all staff, parents and volunteers who work in our school.

I, _____, hereby authorize Tabernacle of David Christian Academy from time to time, as deemed appropriate, to request any law enforcement or any other agency chosen by Tabernacle of David Christian Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of applicant: _____ Date: _____

Print applicant's full name: _____

Print all other names that have been used by applicant (ie. maiden name):

Date of birth: _____ Place of birth: _____

Social Security number (required) _____

Driver's license number: _____ State: _____ Exp: _____

Have you ever been convicted of a felony? Is so, please give details and when it occurred.

Current Address:

Most recent address previous to Los Angeles Metro Area:

Daytime Phone: _____ Email: _____