



# Volunteer Application

**APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE BEING PROCESSED (PLEASE PRINT IN INK)**

Please allow two weeks for processing. You will be notified when the process is complete.

Name \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer area- please check all that apply

- Pre-School       K-5<sup>th</sup> Grade       Middle School       Upper School  
 Office       Field Trips       Fundraising       Mentoring  
 Other \_\_\_\_\_

## **Have you been referred by a specific person/teacher?**

\_\_\_\_\_ No      \_\_\_\_\_ Yes      Referred by \_\_\_\_\_

## **Personal References- Please provide 3 references that have known you for at least 6 months (personal or professional -no relatives)**

1. Reference Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

2. Reference Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

3. Reference Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

## **Background Check Form:**

**The following questions are part of a process to help provide a safe and secure environment for our children. All information is confidential.**

Have you ever been arrested, convicted of or pleaded guilty to any crime? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever committed or been accused, charged or alleged to have committed any act of neglecting, abusing molesting any child? This includes sexual misconduct with a minor? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If you answered "yes" to any of the above questions, please explain briefly.

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**Criminal Records Check & Authorization (All applicants are required to complete this section.)**

I hereby request a criminal background check and the release of any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state, or federal. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original.

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_ Birth Date \_\_\_\_\_

Legal Name (please print) \_\_\_\_\_ Birth Place \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Number of years at this Address \_\_\_\_\_ (If less than 2 years, give previous address)

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Applicant's Statement (All applicants must sign this statement)**

The information contained in this application is correct to the best of my knowledge. I give Life Center the right to investigate all references and to secure additional information about me. I hereby release Life Center and its representatives from liability for seeking such information and all other persons for furnishing such information. I have read the contents of this application and understand that this is a legally binding agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A COPY OF CURRENT DRIVERS LICENSE**

**Return to: Life Christian Academy  
1717 S. Union Ave, Tacoma WA 98405  
Attn: Volunteer Department**

**Required for all applicants under 18 years of age:**

Age \_\_\_\_\_ School \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_