LIFE
CHRISTIAN ACADEMY

VOLUNTEER APPLICATION

Date _____

_____ _____
Last Name **First Name** **Phone**

_____ _____ _____
Email Address **DOB (mm/dd/yyyy** **Last 4 digits of social**

_____ _____ _____ _____
Physical Address **City** **State** **Zip**

I am (check all that apply) ☐Parent/Guardian ☐Family Member ☐Community Volunteer

If you are a parent or legal guardian, please list student name and teacher:

_____

If volunteering as part of a community organization/business member, list the name(s) of the organization or business:

_____

What is your profession? _____

Do you have any special skills, talents, or interests that you would like to share or teach?

_____

_____

In case of an emergency, please contact:

_____ _____ _____
Name **Relationship to you** **Phone**

NOTE: Any applicant found to be a registered sex offender, on an active warrant list, on a terrorist list, or on probation or parole WILL NOT BE ALLOWED TO VOLUNTEER. Failure to disclose the following information may result in the revocation of volunteer opportunity. Criminal information MUST be disclosed no matter how long it has been since the offense/arrest.

Have you ever been arrested (even if the charges were dropped), convicted, pled guilty, or pled no contest to:

☐ Criminal offense other than traffic violation

☐ A drug or sexual related offense or act of violence

☐ Been reported for child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state/county agency, police, or court

If you checked any of the above boxes, please explain in further detail:

_____

_____

Read and initial each section below, acknowledging your understanding:

_____ I understand and agree that while a visitor/volunteer at Life Christian Academy, I may have access to confidential student information. I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain in such capacity. I understand and agree that I will not divulge to anyone any matters discussed, including discussings by LCA employees or any student behaviors/interactions, written materials, or computerized records which I view.

_____ I understand, in accordance with LCA policy and Nevada Revised Statutes (NRS 202.3673, 202.265), individuals who possess a valid Concealed Carry Weapon (CCW) Permit are not permitted to carry a concealed firearm on their person or in their vehicle while on school property or at a school-sponsored event).

_____ I affirm that I have read, understood, and agree to abide by all the information in this document, to include my duties under Nevada State law to report suspected child abuse and/or neglect, and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that LCA reserves the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer.

_____ I authorize LCA to complete a criminal background check. **You will receive a link from checkr.com asking for your personal information. Please respond promptly to complete your background check.**

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements

_____ _____

Signature **Print Name**

_____

Date