



Lincoln Christian
PRESCHOOL

For Office Use ONLY

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Volunteer (L2) Application

First Name _____ Middle Name _____

Last Name _____

Home Address _____

Home/Cell #'s _____

Email Address _____

Screening Requirements. Volunteers MUST:

- Be sponsored by a school employee.
- Be able to present a form of current government-issued photo identification.
- Complete and submit this Volunteer Application.
- Sign-in at the LCS Office on the "Volunteer/Visitor" Sign-In form.
- Display a Volunteer Identification Badge.

I understand these preceding LCS Screening Requirements.

Signed _____ Date _____

Personal Disclosure. I affirm that the following statements are true:

- I have not been charged with, arrested for, or convicted of any felony.
- I do not use controlled substances.
- I have not sexually assaulted/ exploited any minor or physically abused any minor, and have not sexually/physically abused or exploited any minor or developmentally disabled person or abused or financially exploited any vulnerable adult.

If you CANNOT affirm each statement, provide a full explanation on a separate sheet of paper.

Signed _____ Date _____

Volunteer Expectations. I agree to:

1. Support and supplement the instructional program of the classroom teacher.
2. Be prompt, dependable and regular in attendance.
3. Always do what is in the best personal and educational interest of every student.
4. Know and observe all school policies and procedures. Submit to the rules, recommendations, and requests of the immediate supervisor.
5. Where appropriate, know what to do in case of fire, inclement weather, accident reporting, and emergency responses.
6. In cases where a student confides in me about a situation which may involve abuse or neglect, I agree to notify the Superintendent or Preschool Director and will cooperate with the school administrator in any follow-up action.
7. Leave personal concerns and pressures at home and school problems at school.
8. Notify my immediate supervisor and/or co-workers of any hazardous situation or conditions discovered in the course of my volunteer service. I understand that I may not be covered under the school's insurance coverage. [Volunteers should consult with their own insurance agents regarding the extension of their personal insurance to include volunteer work.]
9. Always be aware of my location with a student. I agree to avoid situations where I may be alone with a student or students and out of sight of other adults.
10. I will not take a student off-site or give them a ride in my personal vehicle without the knowledge and explicit permission of the student's parent, teacher and/or appropriate school administrator.
11. Be prudent with any type of physical contact with students. I agree not to use any form of physical discipline unless the safety of the student or another person is at risk.
12. In the event that I have access to any confidential student information protected under the Family Educational Rights and Privacy Act, including but not limited to student academic or financial information, I agree not to disclose such information to any party unless directed to do so by the Superintendent or director as may be required by local, state or federal law.
13. Strive to provide a positive Biblical role model for those students with whom I interact.

Verification/Agreement

I certify that I have made true, correct and complete answers/statements on this application in the knowledge they may be relied upon in considering my volunteer status. I understand it is my responsibility to immediately provide updated, correct information if any application information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application will be sufficient grounds to not allow me to volunteer.

Printed Name _____

Legal Signature _____ Date _____