



Application for Volunteer

Thank you for your interest in Rock County Christian School. We invite you to fill out this application and return it to our school office as soon as possible.

PERSONAL INFORMATION

Name: _____ E-mail address: _____

Present address: _____
Street City State Zip

Day phone:(____)_____ Evening Phone:(____)_____ Cell Phone: (____)_____

Profession: _____ Church Affiliation: _____

Why are you interested in being a volunteer at RCCS?

What preferences do you have for volunteering? (age, tutor-material, other etc.)

When are you available to volunteer?

CHRISTIAN BACKGROUND

In your own handwriting, share how you became a Christian, your Christian testimony or statement of faith in Jesus Christ. (use the back if needed)

AUTHORIZATION FOR BACKGROUND CHECK

Since I will be working with children, I understand that I must submit to a background check. I authorize the school to conduct a criminal records and background check.

I agree to abide by the confidentiality guidelines as stipulated in the Volunteer Brochure.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Applicant's Birth Date

Applicant's Social Security Number

Applicant's Signature

Date