



Fresno Christian Schools Volunteer Application Form

Volunteer Name _____

All school volunteers must complete this application form in order to volunteer at Fresno Christian Schools. For the safety of the volunteer, and that of FCS students, a background check will be completed on all applicants. Volunteers should attach a copy of their legal photo ID to be kept on file. If transporting students, a separate form will be required.

Name as it appears on ID: _____

First Name Middle Initial Last Name

Street Address Apt. # City/State Zip

Home Phone Work Phone Cell Phone

California Driver's License #: _____ Male Female Birth Date _____

I am interested in volunteering at Fresno Christian Schools from _____ as:

Dates available

Classroom Assistant Field Trip Chaperone Sports Other

Do you have a child/children attending this school? No Yes Name(s) _____

Are you currently an employee of the school? No Yes Position? _____

Have you ever been convicted of, or pled guilty to, a criminal felony or misdemeanor? No Yes

If yes, please give date(s) and explain _____

Volunteer Authorization: I agree to abide by all state and federal laws, and all policies and regulations of Fresno Christian Schools, including the rules and regulations of the volunteer program. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or at a school-sponsored activity.

I agree to volunteer my services, without compensation or reimbursement, for the school. I understand that I may be required to provide my fingerprints for the purpose of obtaining a criminal record summary from the California State Department of Justice and the Federal Bureau of Investigation.

I agree to indemnify and hold harmless Fresno Christian Schools, its officers, employees and agents, from all claims, liability, or damages, suits losses, costs and expenses for injury to my person or property, including death, and all costs for legal service arising from my volunteer services for FCS and activities associated with the volunteer program. This authorization shall remain in effect while I am involved in the above-described volunteer service for FCS.

Volunteer's Signature

Date

(For Office Use Only)

Fingerprint Clearance Received: No Yes

Megan's Law Clearance Received: No Yes Date _____

Volunteer Placement Made: No Yes

NOTE: Principal must check for Megan's Law clearance if the

Volunteer is not fingerprinted (<http://www.meganslaw.ca.gov>)

Volunteer information (name, date of birth, signature and photo ID) and fingerprint clearance/Megan's Law clearance verified by:

Employee Signature/printed name

Date

Department/Site