

APPLICATION FORM – VOLUNTARY SERVICE
KINGSWAY CHRISTIAN SCHOOL
7979 E. CR 100 N.
AVON, IN 46123

Leadership is essential to our programs and we are grateful for your willingness to serve. Our desire is that every qualified Christian in our school has the opportunity to serve according to their own desires and the gifts each one has received from the Lord through the Holy Spirit. This application form is part of our policy to provide the highest quality leadership in our school and to provide an official record of your participation. Please fill in the requested information and return it to Betty Hughes, Office Manager.

If the space provided is inadequate, you may use the back of the sheet or additional pages.

1. Personal

Last Name	First Name	Middle Name	Date
Address		City, State and Zip Code	
Home Phone (with area code)	Cell phone (with area code)	Birthday / /	

Check the position you are applying for:

- Coach
 Custodian
 Bus Driver
 Maintenance
 Mechanic
 Classroom (teacher: _____)
 Recess (teacher: _____)
 Lunchroom (teacher: _____)
 Reading Lab Volunteer

2. Church Information

Member of local church? Yes or No?	If "yes", what is the name of your church?
If "yes" how long have you been a member	If you have been a member of the above church less than 5 years, or your answer to the above was "No", what church did you previously attend?
Please list a person at your previous church whom we may contact:	

Have you had previous experience as a school volunteer?

3. Statement of Faith

Do you believe the Bible to be the inspired, the only infallible, authoritative Word of God?

_____ Yes _____ No

Do you believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory? _____ Yes _____ No

Since I will be working with children, I authorize Kingsway Christian School to conduct a criminal records check if they desire to do so.

Signature of Applicant

Date

4. Other Information

Because of recent developments in our country, and to protect our children from harm, we are required to seek the following information:

1. Have you ever been arrested or convicted for any criminal act? Yes? _____ No? _____
(You may ignore minor violations such as traffic violations, etc.)
2. Have you ever been convicted of (or plead guilty to) child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes _____ No _____
3. Have you ever been investigate by the Child Protective Agency or the Welfare Department concerning an allegation of child abuse or molestation?
Yes _____ No _____
4. Were you a victim of abuse or molestation while a minor? Yes _____ No _____
(If you prefer, you may refuse to answer this questions, or you may discuss the matter in confidence with the Office Manager rather than answering it on the form. Answering yes, or leaving the question unanswered will not automatically disqualify you from volunteering at Kingsway.)

The information provided on this application is accurate and truthful to the best of my knowledge. I understand that statements made might be verified.

Since I will be working with children, I authorize Kingsway Christian School to conduct a criminal records check if they desire to do so.

Signature

Date