



VOLUNTEER APPLICATION

Minerva Area Christian School encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Have you completed a FBI and BCI background check within the last five years?

Please indicate days available: Mon Tues Wed Thur Fri Sat Times

available: From _____ to _____

Any physical limitations? _____

In case of emergency contact: _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

Where do you attend Church? _____

Supplemental Questions

MACS' mission is to provide a high quality education in a Christ-centered environment where children can grow academically, physically, socially, and spiritually. Are you in agreement with our mission statement?

What is your experience working with children?

Could you provide two references?

#1

#2
