

Grace Christian Academy



187 Lewiston Rd. W. Gardiner, ME 04345
582-8045
www.gracechristianacdmy.com

“Put on the whole armor of God, that ye may be able to stand against the wiles of the devil.” Ephesians 6:11

VOLUNTEER APPLICATION

Name _____ Daytime phone _____

Address _____ Evening phone _____

E-Mail _____ Occupation _____

Employer _____

Current Job Responsibilities & Schedule _____

Previous Work Experience _____

Special Interests, Hobbies, & Skills _____

How many hours per week are you available to volunteer? _____ Days _____ Evenings _____

Weekends _____ Can you commit to this volunteer role for the entire school year? Yes No

If No to, what period of time can you commit? _____

Do you have your own transportation? Yes No Do you have a valid driver's license? Yes No

If Yes, Driver's License Number _____

Do you have liability insurance on your vehicle (required by law)? Yes No

If Yes, list policy limits & name of carrier _____

Why would you like to volunteer as a worker with the school? _____

What qualities do you have that would help you work with children? _____

How were you parented as a child? _____

How do you discipline you own children? _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including, but not limited to, drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No If Yes, please explain fully _____

Have you ever been exposed to an incident of child abuse or neglect? Yes No

If Yes, how did you feel about the incident? _____

Would you be available for periodic volunteer training sessions? Yes No

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address & phone information for each. References are confidential.

1. Name _____ Daytime phone _____

Address _____ Evening Phone _____

E-Mail _____ Relationship to reference _____

2. Name _____ Daytime phone _____

Address _____ Evening Phone _____

E-Mail _____ Relationship to reference _____

3. Name _____ Daytime phone _____

Address _____ Evening Phone _____

E-Mail _____ Relationship to reference _____

_____ I have read, and agree to abide by the Grace Christian Academy handbook.

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration, and may result in my removal if discovered at a later date. I further agree that I have read and agree to abide by the Grace Academy Volunteer Policy. By signing this I also agree to Grace Christian Academy conducting a background check if what I am volunteering for requires one.

Signature: _____

Date: _____

I give GCA permission to use my photo for volunteer recruitment or other promotional usage. Yes No

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VOLUNTEER POLICY

“Each one should use whatever gift he has received to serve others, faithfully administering God’s grace in its various forms.” 1 Peter 4:10

Purpose

This policy sets the expectation for a volunteer as a role model for students. A volunteer is a person who serves in a position of trust, leadership and has regular contact with Grace Christian Academy students and parents (e.g. classroom helpers, chaperones, Booster Club, PTA officers, library workers, etc.)

Background

The mission and objectives for Grace Christian Academy are inextricably interlaced biblical principles. Therefore, the lifestyle of each regular volunteer is an important issue.

Policy

The volunteer will manifest by daily example the highest Christian virtue, serving as a Christian role model (I Timothy 4:12) both in and out of school to students (Luke 6:40) and to others. Christian influence is demonstrated by word, deed, example, and shared experience. Therefore, the volunteer is expected to be a role model in judgment, dignity, respect and Christian living. (Col. 3:17, Titus 2:7-8, I Thess. 2:10, 5:18, 21-22, James 3:17-18) *And whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks to God the Father through Him.* Colossians 3:17

The volunteer is expected to follow the dress and appearance guidelines as outlined in the parent/student handbook. The volunteer is expected to maintain a good personal appearance that is a Christian role model of cleanliness, modesty, good taste, and in agreement with school policy. It is expected that each volunteer will use discretion in clothing selections to help formulate a professional atmosphere. Scripture also dictates standards of sexual behavior. Any behavior contrary to Scripture in this area is grounds for immediate dismissal from responsibilities and positions. Other grounds for dismissal include abandonment of position, neglect of responsibilities, heresy or any conduct tending to bring discredit upon the school or upon the volunteer that causes a diminishing of his/her effectiveness as a Christian role model for the students of Grace Christian Academy.

The volunteer should attend faithfully a local church whose fundamental beliefs are in agreement with the statement of faith of Grace Christian Academy (Hebrews 10:25). Wise stewardship in both personal and business financial matters is another important aspect of being a Christian role model. (I Tim 3:1-7, 6:9-10, Matt. 25:14-30, Luke 12:35-40)

The volunteer is to follow the biblical principle of Matthew 18 and Galatians 6:1 regarding disputes and disagreements. All differences are to be resolved using biblical principles, always presenting a united front. Appropriate confidentiality will be observed in regard to student, parent, and school matters (Titus 3:2, Galatians 5:15). Regular volunteers shall support school policy and administrative decisions thereby not creating dissension.

Each volunteer also must demonstrate by example the qualities of respect, judgment, and humility.

Prideful conduct, displays of anger, engaging in gossip or slander and displaying an unwillingness to seek or receive counsel are all contrary to scriptural admonitions. (Eph. 4:29-32, James 1:19-20, Col. 3:12-17, Phil. 2:1-11, 4:8, Mark 10:42-45, Prov. 15:22, 29:23)

By agreeing to become a volunteer at Grace Christian Academy, the individual agrees to subject to a criminal background check. A signed release will be required prior to conducting a background check.

“For even the Son of Man did not come to be served, but to serve” Mark 10:45a

Volunteers may be placed into positions where parents seek information regarding their child or other children. Volunteers are never to share personal views regarding the assessment of a child or an incident they may have observed. They are to refer all matters to the classroom teacher or school administrator. It is expected that volunteers will never put themselves into a position where their own integrity or the integrity of the staff of Grace Christian Academy might be compromised.

Volunteers Levels

Level One: Individuals help out in clerical situations and have no supervision of students. *Volunteer Application is required.*

Level Two: Individuals help in the classrooms but are always supervised by teachers/staff. *Volunteer Application is required.*

Level Three: Individuals who chaperone field trips, tutor, or have any direct supervision of students. *Volunteer Application and Background check are required.*

Level Four: Individuals who transport students by school bus or personal vehicle. *Volunteer Application, Background and Department of Motor Vehicles Check are required.*

For Levels 3 & 4 a signed release is needed.

“For where your treasure is, there will your heart be also.” Luke 12:37

Statement of Confidentiality for School Volunteers

I understand that in the course of my association with the Grace Christian Academy I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information, both written and verbal.

As a volunteer, I will work with the highest standards, committed to the idea that my work will benefit students. I promise to make my work an attitude of open- mindedness, willingness to be trained, as well as interest and commitment.

I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding student or employees with anyone. Any breach of confidentiality will be carefully reviewed and if substantiated, could result in termination of volunteer involvement with GCA, and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

Volunteer Signature

Date

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Volunteer Driver Information

We need help in transporting students on field trips and to ballgames. Our school parents have been generous in their assistance. The purpose of this form is to reduce the liability of the school and volunteer drivers by being proactive in our selection of parent drivers. If you are interested in helping with such needs during the school year, please fill out this form and return it to the school. When driver's license and insurance coverage expire, updated copies must be submitted.

Please include:

Section 1 - Volunteer Driver Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver License # _____ Expiration Date _____ Date of Birth _____

CAR # 1

Model _____ Year _____ Plate # _____

Number of working seat belts _____ Air bags _____ Yes _____ No

CAR # 2

Model _____ Year _____ Plate # _____

Number of working seat belts _____ Air bags _____ Yes _____ No

_____ Yes _____ No Have you been in an accident in the last three years? If you answered YES please describe the accident and its cause on another sheet of paper and attach it to this form.

_____ Yes _____ No Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.

_____ Yes _____ No Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation? (Note: Our school will not be able to use volunteers with a "yes" answer even if the incident took place before the person became a Christian.)

Copy of your driver's license

Proof of insurance (including the amount and dates of coverage)

Children enrolled at Grace Christian Academy:

_____	Grade _____	_____	Grade _____
_____	Grade _____	_____	Grade _____
_____	Grade _____	_____	Grade _____

Section II – Insurance Information

The school requires volunteer drivers to have a minimum amount of liability insurance. (1) \$100,000 liability per person for bodily injury; (2) \$300,000 liability per incident for bodily injury for all vehicle occupants; and (3) \$50,000-\$100,000 liability for property damage. Amount on this (these) car(s):

CAR # 1

Liability 1 \$ _____

Liability 2 \$ _____

Liability 3 \$ _____

Uninsured/under insured motorist coverage? ____ Yes ____ No

Insurance Company _____ Policy # _____

CAR # 2

Liability 1 \$ _____

Liability 2 \$ _____

Liability 3 \$ _____

Uninsured/under insured motorist coverage? ____ Yes ____ No

Insurance Company _____ Policy # _____

Section III - Requirements for Volunteer Drivers

I certify that for the _____ school year I possess a valid _____ (state) driver’s license. Please attach a photocopy of your driver’s license.

I will contact my insurance agents to ascertain if there are any liability policy limits or exclusions regarding transporting other students or faculty members on a field trip or to a ballgame that might affect my ability to meet the qualifications for a volunteer driver.

I will maintain the minimum insurance coverages required by the school for volunteer vehicles for the vehicle(s) listed in Section I and only volunteer to drive when such insurance policies and coverages are in force.

I will advise the school of any change in information provided on this form including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal of license, termination of license, change of insurance company, change in amounts of insurance coverage, termination of insurance, or change of vehicle.

Students riding in my vehicle(s) will be seated and in both the front and back seat will be secured with individual working seat belts. (No double belting of children is permitted.) If my car is equipped with air bags I will not allow children to ride in the front seat. As required by state law, I will have a child restraint seat (car seat) for each child under age 8 or under four feet and nine inches tall.

To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.).

I will read and follow the Driver and Chaperone Instructions sheet for the field trip or ballgame.

I will notify school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

Section IV - Declaration and Signature

I affirm that I will carefully transport students under my care, including obeying all traffic laws. The information given on this form is true and correct to the best of my knowledge.

Signed: _____ Date: _____

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

I, _____, hereby authorize, _____
to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: _____ Date: _____

Name (Last)	(First)	(Middle)
Address	City	State Zip Code
Other names used by applicant (if any):		Phone number
Date of Birth	Place of Birth	Social Security Number
Driver's License No.	Issuing State	License expiration date