



VOLUNTEER GENERAL INFO

Name (First, Last): _____ Date of Birth (dd/mm/yyyy) _____

Aliases/Maiden Name: _____ Gender: _____

Address: _____ City, State, Zip: _____

Primary Phone: _____ Email: _____

Relationship to KCS Parent/Guardian Relative Community Other: _____

If you have a student at the school please specify their name: _____

Do you require any special accommodations in a work environment? No Yes, please describe below:

VOLUNTEER EMERGENCY INFORMATION

Emergency Contact Name:		Relationship:	
Emergency Contact Phone:		Email:	
Doctor's Name:		Dr. Contact #:	

VOLUNTEER PERSONAL OR PROFESSIONAL REFERENCES

References will be used as needed in the background clearance process. Please share at least 2 personal references.

Reference First/Last Name:	Contact Phone	Relationship to volunteer
Reference First/Last Name:	Contact Phone	Relationship to volunteer

TYPE OF VOLUNTEER OPPORTUNITY AND AVAILABILITY

Best Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Other:
Best Time:						

RELEASE OF INFORMATION

Have you been arrested, charged, or convicted of any crimes?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:
Other than any matter above, is there any other fact or circumstance involving you and your background that would call into question you being entrusted with the supervision, guidance, and care of young people?	<input type="checkbox"/> No <input type="checkbox"/> Yes, explain:

I have read the information contained in this application. I certify under penalty of perjury under the laws of the State of Alaska that the foregoing is true and correct. I authorize Kodiak Christian School to conduct a background check and to obtain any and all information needed to process my volunteer application. I hereby release and hold harmless Kodiak Christian School and all references from any and all liability in obtaining or disclosing such information about my background. I understand that Kodiak Christian School may, at its discretion, exclude me from volunteering for any reason, including any misleading or incomplete statements on this application.

I understand that the failure to answer any question truthfully will automatically disqualify me from volunteer and employment opportunities with Kodiak Christian School.

Volunteer Name (Print)

Volunteer Applicant Signature

Date



STATEMENT OF FAITH AGREEMENT

- We believe the Scriptures of the Old and New Testaments are inspired by God and inerrant in the original writings, and they are of supreme and final authority in faith and life.
- We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in His virgin birth and 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 future personal return in power and glory. We believe that for the salvation for the lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
- We believe in the resurrection of both the saved and the lost; they who are saved unto the resurrection of life, and they who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of all believers in our Lord Jesus Christ.
- We believe in the present ministry of the Holy Spirit by Whose indwelling the Christian is enabled to live a godly life.

I have read and agree to foster the Kodiak Christian School Statement of Faith.

Volunteer Name (Print)

Volunteer Applicant Signature

Date

Confidentiality

_____ Students have the right to expect that information about them will be kept confidential by all volunteers. Additionally, all information contained within a student’s educational record is considered confidential and protected by a federal law, the Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. Section 1232g. Volunteers are expected to maintain student confidentiality.

_____ Each student you work with has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your volunteer site.

_____ You may NOT share information about a student with anyone, including your best friend, significant other, or individuals who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, grandparents, or nurses/physicians. Thus, you must refer all such questions to authorized school employees, typically the student’s teacher or principal.

_____ Information about a student may be communicated to school staff and school administration. Information shall be communicated immediately if it is a medical emergency OR if a student shares information that indicates a threat of imminent physical injury to the student or others.

_____ Before you speak about a student to another person, remember that violating a student’s confidentiality is not only impolite; it’s also against the law.

VOLUNTEER AGREEMENT

I (print name), _____, have read and agree to follow the guidelines in the Kodiak Christian School Volunteer Handbook. I will take the above statements and those in the Volunteer Handbook into consideration during and after my time as a volunteer for KCS. I acknowledge that while volunteering, my photo could be used in a KCS publication unless I opt out with the school coordinator. I understand that volunteering at a school or in a program with students is a privilege and that the school can terminate my eligibility to volunteer.

Volunteer Name (Print)

Volunteer Applicant Signature

Date