

The volunteer application form must be completed and approved prior to volunteering. Return the completed application, with a copy of your photo ID to the Principal. Allow 3 weeks for background check. In addition, the Child Safety presentation must also be viewed by the applicant.

Date:	Photo ID Check:	Background	Check:	
The King's Academy:		Program/purpose:		
Field trip:				
Name:				
(Last nam Phone:	ne, First Name, Middle Initial)Email:	Enter exactly as it is on our	photo ID.	
Physical Address:				
	City, State, Zip code)			
Mailing address:	nt from above. (Street, City, State, Zip	code)		
n differen	it from above. (Street, City, State, Zip	code)		
Date of Birth:				
I am a (please che	eck all that apply):Parent/ Legal g	uardian of a student attendin	g TKACommunity	
VolunteerT	TKA EmployeeFormer TKA em	nployeePracticum Stude	ent	
If you are a paren	t, guardian or caretaker, please list stu	dent(s) and teacher(s) names	s:	
ir you are a paren	in, guardian of carctaner, prease hist sta	dent(s) and todener(s) name.	,	
If you are NOT a (Name)	parent, guardian or caretaker, please p	provide two (2) non-relative (Phone)	(Initial ref checked)	
(Name)	(Relationship)	(Phone)	(Initial ref checked)	
In Case of Emerg	ency contact:			
(Name)	` · · · · · · · · · · · · · · · · · · ·	o you) (Phone)		
Emergency Medic	cal information/conditions: (ex: Asthn	na)		
*Have ye	ou ever been dismissed from serving i	n a volunteer or leadership c	eapacity?YesNo	
*If yes, p	please explain:	<u></u>	<u> </u>	
	YS disclose criminal information no n			
=	been arrested (even if charges were			
	al offense, other than a minor traffic veanor, misdemeanor, <b>DUI</b> , etc.)		not limited to a felony, gross	
	or sexual related offense or act of viole		No	
· Been rep	orted for child abuse/sexual activities	involving a student or minor	r or had charges filed against	
you by a	school district, state / county agency,	police or court? Yes	No	

If "Yes", plo	ease explain the type(s) of c	offense(s), location(s) a	and date(s) in th	e space below. Attach a sheet if
Date:	Charge/ Offense	Disposition	Penalty	Explanation
	——————————————————————————————————————			accept / do not accept
				ound check will still be performed.  Sex Offender, terrorist list or on
Parole or Pr	obation WILL NOT BE AL	LOWED TO VOLUN	TEER at the Ki	ing's Academy. Background checks
are complet serving as a	•	y. The King's Academ	y reserves the ri	ght to disallow any individual from
*****	*******	********	******	* ***********
		EER COMMITMENT		
READ				DATING THIS APPLICATION
Volunteer A will be give and without The King's Confidential schools to p Child negle any suspect Supervisio know and for policies and volunteer for Academy es Communic a message.  Student/ Verextend that responsibility	pplication and provide a van a "Background Check" put a statement of reason, may Academy reserves the right ality: What you hear and old. Repeating a seemingly has provide the best environment and abuse reporting: Seed child abuse or neglect.  The Wolunteers perform under the best environment are the second policies and rules. The King's Academy om further volunteer activities tablishes a property right to stablishes a property right to similarly, school staff will blunteer relationships: Vo volunteer / student trust relationships:	lid photo ID (internations and to NRS 179D. require a complete created disallow any individual between about students, armless comment can be the for learning, everyor chool volunteers are of the direction and surfless that have been proposed by, in its discretion and ties pending any backgo perform volunteer we make it to school whe contact you if your tirelunteers functions in a stionship outside of the the Principal immediates.	onal ID's are ac Additionally, Thiminal history clidual from serving families, and state at to misunder the sprivacy must bligated to immediate pervision of schwided. Initial he without a staten ground check. Nork, anyou are expected to a position of trust e supervised sch	aff while volunteering in a school is restandings and hurt feelings. For at be respected, ediately report to their supervisor Initial here tool personnel. Volunteers should re that you have received the nent of reasons, may suspend any lo statement by The King's steed, please call the school and leave r changed for any unforeseen reason t and The King's Academy does not
and that all knowledge application disqualify	l the information I have p I understand that The K I form and that any false s	rovided in this applic ling's Academy reser tatements or failures y authorize The King	ation is true an ves the right to to disclose info g's Academy to	It School Volunteer Application and complete to the best of my verify all information on this ormation may be sufficient to obtain information relating to my ecords.
Signature		Print Name		Date

## Permission to Obtain Information and Background Check

This form authorized The King's Academy to obtain background information and must be completed by the applicant. If the applicant is a minor, a parental/legal guardian signature is required. Background checks are not required for minors, but the rest of the application process is applicable. The King's Academy must keep this completed form on file for at least 2 years after requesting a background check.

I recognize that The King's Academy (TKA) is relying on the accuracy of the information I provide on the <u>Annual Adult School Volunteer Application</u> form. I attest and affirm that the information I have provided is absolutely true and correct.

I authorize TKA to contact any person or entity listed on the <u>Annual Adult School Volunteer Application</u> form, and I further authorize any such person or entity to provide TKA with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release TKA and any such person or entity listed on the <u>Annual Adult School Volunteer Application</u> form from liability involving the communication of information relating to my background or qualifications. I further authorize TKA to conduct a criminal background investigation, which include a social security number trace, present and former addresses, criminal and civil history/record, and other public records. (Background checks are not required for minors.)

Signature:				Date:	
Parental/ Legal Guardian Si	gnature required if a	applicant is a mino	r:		
As the parent or legal guard	ian of the above app	licant, I have read	and am in agreer	ment with this a	pplication.
Parent/Legal Guardian Sign	ature:			Date:	
Phone:					
Complete the followin	https://ministr	o online to the foll	lowing link for y		
First		Middle	Last		
Other names used (alias, ma	niden, nickname):				
Date of birth:		Gender:	-		
Current address:Street	eet/P.O. Box	City	State	Zip	County
Social Security Number: _		P	hone Number: _		
Email:					
We cannot do this without the background check, yo	t you! If you are w	illing to contribu	ite any amount t		the cost of

Up to \$25 \_\_\_\_\_Initial here