



Thank you for your willingness to serve as a volunteer for Three Oaks Christian School! As a volunteer, you are making an important commitment. Please remember that even though you are not being compensated for your work, our staff will be depending on you. We trust you will honor your commitment just as conscientiously as if you were receiving wages. We're counting on you!

Miss Mrs. Mr.: \_\_\_\_\_  
Last Name First Name Middle Initial

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

Have you lived outside of Indiana in the last 25 years?  Yes  No

If yes, where? \_\_\_\_\_

Please list two (2) references with address and phone numbers: (non-relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

Currently a Student  High School  College \_\_\_\_\_  
Name of School Major

Currently Employed: \_\_\_\_\_  
Employer

Employment Experience: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ How long: \_\_\_\_\_

Please select the places/activities for which you would like to volunteer:

- Elementary  Middle/High School  Classroom Help  Office
- Assisting Teacher  Fundraiser  Lunch Room Help  Recess Help
- Reading Help  Driver for field trip  Other \_\_\_\_\_

Day(s) of the week available to volunteer: \_\_\_\_\_

Do you have a communicable disease which could pose a threat to those you might be working with or be communicated to them under normal classroom circumstances?  Yes  No

I have read and understand Three Oaks Guidelines for Volunteers. I agree to comply to these guidelines. I have made complete and correct answers/statements on this application.

SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
for volunteers under age 18

DATE: \_\_\_\_\_

**Office Use Only:**

Date BBP Viewed: \_\_\_\_\_

Criminal Check: \_\_\_\_\_

Date Approved: \_\_\_\_\_