



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 or Ohio 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: _____

What is your connection to Three Oaks Christian School? _____

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 Food preparation Library
- Cleaning Events Grant Writing
- Lawn/Landscaping Substitute 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 with 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 BC Processed: _____
Date Approved: _____