Kingdom Connection Academy

Volunteer Application

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Birthday _____ / _____ / _____

Email: _____

Highest Degree: High School Associates Bachelor Masters Doctorate

Where do you attend Church: _____

Are you a Jesus Follower: YES NO When: _____

What do you do to grow in your relationship with Jesus?

_____

_____

_____

_____

_____

Personal Reference:

Name: _____ Phone: _____

Professional Reference:

Name: _____ Phone: _____

I would like to Volunteer in the following areas:

____ Office Help

____ Teacher Resource Room

____ Classroom Help Which Grade do you prefer: _____

What is your favorite Subject: _____

____ Recess / Lunchroom

____ Field Trips

____ School Events / Productions

<u>What day and time is best for you to volunteer (Circle preferences):</u>

Monday Tuesday Wednesday Thursday Friday

<u>Time Frame:</u>

Morning Afternoon Other: _____

Office Use Only:

_____ BCI Check _____ FBI Check _____ Training Video's _____ Interview

_____ Personal Reference Check _____ Professional Reference Check