

## **Faith Christian Academy**

138 Greensburg Rd. Martinsburg, WV. 25404; P: 304-263-0011; F: 304-267-0638; email: <a href="mailto:info@faithchristianacademy.net">info@faithchristianacademy.net</a>

## **VOLUNTEER APPLICATION**

\*This application is only necessary when applying to be a Level 1 volunteer

Date:			ase see volun	teer policy for o	description	of the two le	vels.
Name:			_				
	Last		F	First		Mide	dle
	Diffect					City	
Mobile Pho	ne:			Email:			
Student Name:			Grae				le:
Relationship	p to studen	-•				***************************************	<del></del>
Church Atte	ending:						
Are you pre	sently a mo	mber of this	s church? _	Yes		No	In membership process
Marital Stat	us:	Married	Single	Divo	ced		
Current spor	use's name	•					-
-	•	_		•			Yes No lically moral lifestyle.)
Occupation:					Emplo	yer:	
Have you be	een convict	ed of a crim	inal offense	e? Yes	No		
If yes, pleas	e explain: _						

Have you been convicted or abusing children/youth?	of child abuse or sexual abuse or been YesNo	involved in any activition	es related to molesting
I have read, and ag	gree to abide by the Faith Christian Ac	ademy Family Handboo	ok.
information or omission ma	n provided in this application is true a ay disqualify me from further conside further agree that I have read and agr	ration, and may result in	my removal if
•		Γ	Pate:
Volunteer Crimit I,	ant for Volunteer Level 1 only.  nal Background Check, her n independent investigation of my back public and private organizations and all on my application and/or obtaining other ring now and, if applicable, during the gents and any person or entity, which p	ekground, criminal or pool public records for the paper information which not tenure of volunteering provides information pu	olice records, including purpose of confirming hay be material to my for FCA.
authorization, from any and and all above referenced so	d all liabilities, claims and law suits in ources used.	regards to the informat	ion obtained from any
Signature of Applicant  Please list all resident add	Iresses for the past seven years - use	Date separate sheet if nece	ssary.
Last Name	First Name	Middle Name	3
*Social Security#	*Date of Birth (mo/day/yr)	Male/Female	
Current Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?
Prior Address	City, State, Zip	County	How Long?