

HCA VOLUNTEER INTEREST FORM & WAIVER

A local or *DCF Clearinghouse background check is required to volunteer and/or chaperone at Hope Christian Academy. Note: Volunteers will incur the cost(s) of any background charges/fees.

REQUIRED: DRIVER LICENSE # _____ DOB: _____

Have you ever been convicted or pleaded 'Not Guilty' or 'No Contest' to any crime? _____ No _____ Yes

I hereby freely and voluntarily, without duress, execute this Release and Waiver of Liability signed on THIS DATE _____ 20____. I do not hold Hope Christian Academy, Hope Baptist Church, its staff, students, chaperones, or other volunteers responsible for any injuries or damages that may occur while I am volunteering.

VOLUNTEER SIGNATURE: _____

I give my permission for my photograph to be used in HCA promotional materials: Yes _____ No _____

Please PRINT Clearly

Mr. Mrs. Ms. Full Name: _____ Date: _____

HCA Student Names & Grades: _____ () _____ ()
_____ () _____ ()

Student's relationship to you: _____

Address _____

City: _____ State: _____ ZIP: _____

Home # _____ Cell # _____

Work # _____ Email: _____

Emergency Contact Name _____ Phone # _____

Volunteer Preferences: Please indicate where you'd like to volunteer.

- _____ Parent Teacher Organization _____ Tackle Football _____ Volleyball
- _____ Veterans Breakfast _____ Basketball, Girls' _____ Basketball, Boys'
- _____ Cheerleading _____ Fast-Pitch Softball _____ Baseball _____ *Education: K5-12
- _____ Food Preparation/Concession _____ Special Events _____ Book Fair _____ *Early Education
- _____ Parades _____ Homecoming _____ PTO Scholarship Dinner
- _____ Classroom Assistance (Must be supervised by instructor.) _____ Substitute Teacher
- _____ Bus Transportation (CDL Class B plus passenger endorsement) _____ Tutoring: _____
- _____ Field Trips * Volunteer hours (VH) credited for chaperones: Day trips: 2 VH Overnight Trips: 6 VH
- _____ Other - Relevant Skills/Education: _____