

Cochise SDA Christian School Volunteer Application

First Name L			Name	N	Male/Female Date				
Home Phone			Phone	P	Preferred Phone				
Address		Email	Email (Required)						
City				Z	Zip Code				
Social Security #			or provide I-94 Card (Original)		Birth Month and Day				
Work Experience									
Current employer	:								
Position Held:			Part-Tim	neFull-Tin	ne	Dates:			
Supervisor's Name:			Telephone:						
Reason for leavin	g:								
Previous employe	er:			-					
Position Held:			Part-Tim	Part-TimeFull-Time		Dates:			
Supervisor's Name:			Telephone:						
Reason for leavin	Reason for leaving:								
Describe any prev	vious/current volur	nteer experience:							
Education									
Name of Institution: Highest Grade Completed:									
Address:	Address: City: State: Zip:								
Currently enrolled: Yes No Fluent in what languages:									
Volunteer Information									
Why would you like to volunteer? Select all that apply.									
Spare Time School Requirement Internship Requirement Personal Enrichment									
Interest in education Other									
I would like to volunteer during Summer or Year Around									
Volunteer Position (select all areas of interest) I would like to work with:									
Computers Students Public Office Environment Cafeteria									
I would not like to work with:									
Computers Students Public Office Environment_ Cafeteria									
Availability and Schedule (Indicate available time blocks) 4 hour shifts required									
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday			
A.M.									
P.M.									

COCHISE SDA CHRISTIAN SCHOOL

Volunteer Application - Supplement

and the control of th	IN CASE OF EMERGENCY					
Name:	Relationship:					
Telephone	Home Work Cell					
	REFERENCES					
Please cho name of a						
Name	Phone					
Name	Phone					
	HEALTH INFORMATION					
Do you hav	te any health restrictions we need to be aware of? Yes No te any special needs we need to make provision for? Yes No te any chronic illnesses, diseases or disabilities that might interfere with your service? Yes No ty "yes" to the above, please explain briefly and state what accommodations you feel will be necessary:					
Have you l	ad a TB Test within the last six (6) months? Y N ad a Chest X-Ray within the last six (6) months? Y N use provide a copy of the report for our records before your start date. This can serve in lieu of a TB skin					
	VOLUNTEER PLEDGE					
 Condu Work I Treat a Be dep Exhibit of Cocl Maintathe vol Abide Donate 	nat Cochise SDA Christian School has a real need for my services as a volunteer, I pledge to: et myself with dignity and courtesy at all times; armoniously with others, using tact, understanding and compassion; Il information concerning students as confidential; endable in attendance, punctuality and performance of duties; loyalty to the school, upholding standards, attitudes, vision and mission which influence the reputation ise SDA Christian School in the community; in a neat and clean professional appearance, keeping make-up and jewelry to a minimum and abiding by unteer dress code; by all school safety requirements; a minimum of 100 Hours of service to Cochise SDA Christian School within one calendar year; a my volunteer assignments without compensation.					
SIGNATU	RE:DATE:					

Application Questionnaire
(Please complete all questions and return this form with your application)
Why are you applying to volunteer at Cochise SDA Christian School?

What have you gained from previous volunteer or work exp	eriences?	
Are you currently seeking employment?		
What type of work do you enjoy?		
Do you have a specific position in mind?		
Would you rather work with people or work alone?		
Do you need to begin volunteering by a specific date?		
Do you have any special needs or health restrictions we need	d to accor	mmodate?
Have you ever been convicted of a felony?	Y	N
Are you volunteering as a court or attorney referral?	Y	N
If requested, are you willing to submit to a drug test		
prior to your acceptance into the volunteer program?	Y	N
Are you willing to submit to a criminal background check?	Y	N
Do you have any questions or concerns? (These will be addr	ressed dur	ring your interview.)
 The Cochise SDA Christian School Volunteer program requ A commitment to a minimum of 100 hours of service Minimum of 4 hours Volunteer Orientation On-the-job training A Tuberculosis Screening Test or equivalent A criminal background check for those working direct 		
3. Treat all students and their parents with respect and care first impression of the school through interaction with that all volunteers take their role seriously. Thank you for applying to volunteer at Cochise SDA If you agree to these requirements listed above,	. Parents one volunte	often receive their eer. It is important
Name: Date: _		