



Community Christian Academy

Expectations of a Volunteer

All volunteers are expected to:

1. Sign in to obtain a visitor's badge and wear it visibly at all times while on school premises.
2. Complete required training and report concerns accordingly.
3. Make decisions based on what is best for students in all cases.
4. Remain in sight of school personnel at all times. Utilize public spaces for tutoring and mentoring.
5. Refrain from inappropriate contact with students outside of the school day.
6. Maintain honest, equitable, professional relationships with students, parents, staff members, community members, and other volunteers.
7. Observe local, state and federal laws, policies, rules, and regulations.
8. Maintain confidentiality of privileged information.
9. Refrain from using school contact and privileges to promote partisan politics of propaganda of any kind.
10. Comply with appropriate standards of professional conduct including, but not limited to, displaying appropriate behavior, language, and attire at all times.

Volunteer's Signature

Date



Community Christian Academy

Volunteer Release

Name: _____
Last First Middle

DOB: _____

Home Address:

Street Address

City State Zip

Phone: (_____) _____ - _____

Email: _____

Are you a parent/guardian or relative of students enrolled in Community Christian Academy? ☐ Yes ☐ No

Please list the students and grades:

Please answer the following questions. Reminder, you must always disclose criminal information.

Have you ever been:

Convicted, pled guilty, pled nolo contendere or arrested for a criminal offense, other than a minor traffic violation? ☐ Yes ☐ No

Arrested for a drug or sexual related offense or act of violence? ☐ Yes ☐ No
Reported for a child abuse/sexual activities involving a student or minor or had charges filed against you by a school district, state/county agency, police or court?
☐ Yes ☐ No

If YES to any questions, please explain the type(s) of offense(s), location(s), and date(s).

In this application, I have provided accurate information to the best of my ability. I have completed the required mandated reporting training certification, and I understand and will comply with the Expectations of a Volunteer for Community Christian Academy. I also understand that Community Christian Academy reserves the right to refuse the services offered by any volunteer.

Volunteer's Signature

Date

****For Official use Only****

- ☐ Mandated Reporter Training Certification Complete
- ☐ Background Check Complete
- ☐ Sex offender Check Complete
- ☐ Copy of Photo ID

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason for Denial: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with Community Christian Academy, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Community Christian Academy for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Community Christian Academy also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Community Christian Academy. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Community Christian Academy or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature

TODAY’S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

FULL DOB

Please List Other Names Used _____