



# QCCS Volunteer Application

Quad Cities Christian School

THANK YOU for your willingness to volunteer at our school!

We will need :

+A copy of your driver's license

+Please fill out this form and return to a building administrator

\*Once your application is processed we will contact you\*

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Last Middle Initial

HOME ADDRESS: \_\_\_\_\_  
Street City Zip

Primary Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

I am interested in the following volunteer opportunities: \_\_\_\_\_

(Parent Organization, Classrooms, Library, Serving Lunch, Cleaning or Special Events)

I am available:	M	T	W	Th	F
AM					
PM					

Do you have or know any children attending this school? Yes (circle one) No

Relationship to the child: Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Other: \_\_\_\_\_

Child (Children): \_\_\_\_\_

Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct? Yes No

By signing below I acknowledge that a background check maybe run depending on volunteers with select access to children or youth.

\_\_\_\_\_  
Signature of Volunteer Date: \_\_\_\_\_

Signature of Volunteer