



**VOLUNTEER
APPLICATION**

Office Use Only: Date Received _____

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	
Street Address:		Apt. #:	
City:	State:	Zip Code:	
DOB:	SS#:		
Home Phone:	Cell:	Email:	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>			
Name of Spouse:			
Child(ren)'s Name(s):		Grade(s):	
Do your children attend LCA? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please explain:			
Who should we contact in case of an emergency?			
Name:		Phone:	
Have you completed a Background Check? Yes <input type="checkbox"/> In progress <input type="checkbox"/>			
<p>***No one will be able to attend a field trip or volunteer in school during school hours without this required safety measure in place and on file. Please note, it takes about 10 days for the background check to be returned to us. This background check will remain valid (for 5 years) unless there is a break in enrollment or participation ceases beyond a year.</p> <p style="text-align: center;"><i>Questions? Contact LCA Office Manager: Brittany Strosnider (brittany.strosnider@lcava.org)</i></p>			

♦ Legacy Christian Academy ♦
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