HOME OF THE SAINTS

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Last Name:	**First Name:**	**M.I.:**

Street Address:	**Apt. #:**

City:	**State:**	**Zip Code:**

***DOB:**	***SS#:**

Home Phone:	**Cell:**	**Email:**

Marital Status: Single ☐   Married ☐   Divorced ☐   Widow ☐

Name of Spouse:

Child(ren)'s Name(s):	**Grade(s):**

Do your children attend LCA?   YES ☐   NO ☐   If NO, please explain:

Who should we contact in case of an emergency?

Name:	**Phone:**	

Have you completed a Background Check?   Yes ☐   In progress ☐

*This form is used to run a background check through Verified First.
Verified First is a multi-jurisdictional database search.

***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.

Questions? Contact LCA Office Manager: Brittany Strosnider (brittany.strosnider@lcava.org)

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