

**Bilingual Christian Academy & Technology, Inc.**

3241 S. John Young Parkway

Kissimmee, FL 34746

(407) 530-4227

**For Office Used Only:**

Background Check Turned In:

 Yes  No Date: \_\_\_\_\_**Approved:**  Yes  No

Authorized by: \_\_\_\_\_

**SCHOOL VOLUNTEER APPLICATION**

Volunteer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone \_\_\_\_\_

**Availability:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Time Period:</b> <input type="checkbox"/> A <input type="checkbox"/> B	<b>Time Period:</b> <input type="checkbox"/> A <input type="checkbox"/> B	<b>Time Period:</b> <input type="checkbox"/> A <input type="checkbox"/> B	<b>Time Period:</b> <input type="checkbox"/> A <input type="checkbox"/> B	<b>Time Period:</b> <input type="checkbox"/> A <input type="checkbox"/> B

**Time Period:**

A = 8:00-11:00 am

B = 11:00-3:00 pm

**Willing to Volunteer for:**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Field Trips              | <input type="checkbox"/> Testing      | <input type="checkbox"/> Teachers Assistance      |
| <input type="checkbox"/> Lunch Duty (Most Needed) | <input type="checkbox"/> After School | <input type="checkbox"/> Cleaning and Maintenance |
| <input type="checkbox"/> Before School Duty       | <input type="checkbox"/> Fund raising | <input type="checkbox"/> Other:                   |

**In Case of Emergency:**Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cellphone: \_\_\_\_\_

\_\_\_\_ (Initials) I understand that I am offering my services to the school as a volunteer, without compensation, and without benefits of healthcare in case of an injury.

\_\_\_\_ (Initials) \*A **local background check is required** for all volunteers and must be Submitted with this application.

\_\_\_\_ (Initials) The volunteer signing this agreement shall keep strictly confidential and shall not disclose, or cause or permit to be disclosed, to any person or entity, any information about BCAT, their employees, or their students for 3 years from the date of this agreement.

\_\_\_\_\_  
Parent/Guardian's Printed Name\_\_\_\_\_  
Parent/Guardian's Signature\_\_\_\_\_  
Date**THIS FROM IS REQUIRED TO COMPLETE REGISTRATION. AN INCOMPLETE REGISTRATION PACKET WILL RESULT IN THE LOSS OF YOUR CHILD'S SEAT.**