BELLEVIEW CHRISTIAN ACADEMY Volunteer Application

Students Name	ents Name Grade		Grade
Volunteers Name	First	MI	Maiden
Relationship to Student			
Address			
		_ Cell Phone	
Email Address			
Emergency Contact			
Name	Telephone		Relationship
****	******	****	
The following information will be need must be cleared by Local Law Enforce our students and is not meant to exc the principal to discuss what might co Social Socurity Number	ement in order to volunteer at B clude parents from participating i ome up in this screening.	CA. This screening in their child's scho	is for the protection of
Social Security Number Date of Birth			
****	******	****	
As a volunteer at Belleview Christia families, teachers, other staff and o anyone at any time. By signing this st if I am in violation of school policy at	other volunteers is strictly confid tatement, I acknowledge that my	lential and should	not be discussed with

Signature

Date

**Please attach \$5 cash to process your application. Please send cash only as all monies go directly to the Sheriff's Department.

Updated: 1/24/2020