



Dayspring Christian Academy Volunteer Enrollment Form 2020-2021

Please return this signed form and necessary clearances to John Riddell, Director of Finance and Human Resources.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

EMAIL _____ DATE OF BIRTH (MM/DD/YY) _____

EMERGENCY CONTACT _____ PHONE _____

EDUCATIONAL BACKGROUND _____

CURRENT / FORMER OCCUPATION _____

OTHER VOLUNTEER EXPERIENCES _____

HOBBIES / INTERESTS / SKILLS _____

VOLUNTEER OPPORTUNITIES AT DCA (Check all areas of interest)

Volunteer positions will be filled based upon need. Some Volunteer positions require special training.

Parent-Teacher Partner

Patriot Celebration Dinner

Office Assistant

Tutor

Classroom Aide

Data Entry

Classroom Reader

Mailings

Serve for Education

Admissions

Special Events

Marketing

Remember America Speaker Series

Drivers

Pastor Appreciation Day

Grandparents and Special Guests Day

Thanksgiving Exposed

Sub Sale Days

AVAILABILITY

Flexible

Weekdays

Evenings

Weekends

Best days and times _____

Days/Times NOT Available _____

How did you learn of Dayspring Christian Academy? _____

MANDATED REPORTING

I have read the mandated reporter information provided by Dayspring Christian Academy. In signing this form, I affirm that the information I have given is true and correct.

Signature: _____ Date: _____