



RETURN TO: PO Box 1743
 Aberdeen, WA 98520
 564-212-9245

or email to Info@VeritasGraysHarbor.com

VERITAS CLASSICAL ACADEMY Volunteer Application

Veritas Classical Academy requires all volunteers to be professing Christians. Volunteers must exhibit fruit consistent with Biblical standards as evidence of their Christian commitment. All volunteers must also read and agree with Veritas Classical Academy’s Statement of Faith. Your signature below attests to your agreement with the academy’s Statement of Faith.

“Each one should use whatever gift he has received to serve others, faithfully administering God’s grace in its various forms.” – 1 Peter 4:10

Full Legal Name _____
 Current Address: _____
 City/State/Zip: _____
 Cell Phone: _____, Other Phone: _____
 Email: _____

Church Attended _____ Pastor’s Name _____

- Briefly share your testimony or walk with Christ and how it relates to wanting to volunteer here: _____

- Please mark your possible availability. You may mark several:

	MON	TUES	WED	THURS	FRI
7:45 - 10:15					
10 - 12:30					
12:30 - 3:30					Friday dismissal at 11:45

- If you desire, you may list specific qualifications, skills, experiences, or areas of interests for volunteering:

Applicant Signature: _____ Date: _____



RETURN TO: PO Box 1743
Aberdeen, WA 98520
564-212-9245
or email to Info@VeritasGraysHarbor.com

CONSENTS and AUTHORIZATIONS:

RELEASE OF REFERENCE INFORMATION and PERFORM BACKGROUND CHECK

I have applied as a volunteer with Veritas Classical Academy.

I authorize Veritas Classical Academy to inquire into work and personal history and to verify all data given to Veritas (written and oral) during the course of my application for volunteering. This may include but may not be limited to investigating my background, references, character, past employment, consumer reports, education, and criminal history record information that comes from any files public or private for the purpose of confirming information provided. A paper or electronic copy of this consent shall be considered as valid as the original consent.

I release any person, organization or company from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further certify that I have carefully read and do understand the above statements. I have read, understand, and fully agree to support the Statement of Faith.

Volunteer Applicant's Full Legal Name (Print) Date

Volunteer Applicant Signature _____

Address: _____

SSN _____ Date of Birth _____

Drivers License # _____ State of Issue _____

Email: _____

Have you ever been convicted of a crime related to sexual or child abuse? Yes No

REFERENCES for us to CONTACT:

Pastor _____ Phone Number or Email _____

Reference #2 _____ Phone or Email _____

Reference #3 _____ Phone or Email _____