



# Muscatine Christian Academy

## Volunteer Form

Please return completed form to:

**Muscatine Christian Academy**

**3003 Mulberry Ave**

**Muscatine, IA 52761**

Or

Email to: [dave.mcintosh@muscatinechristianacademy.org](mailto:dave.mcintosh@muscatinechristianacademy.org)

### Personal Information

Name:	Phone:
Address:	Email:
Emergency Contact:	
Relationship:	Phone:

### Criminal History

Have you ever been convicted of a felony or serious misdemeanor (including but not limited to drug-related charges, child abuse, other crimes of violence)? Yes No

Have you ever been exposed to an incident of child abuse or neglect? Yes No

Do you currently have any criminal actions pending in which you are the Defendant? Yes No

Are you currently on probation or parole? Yes No

If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

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## Areas of Interest

What areas and/or ages are you interested in helping with? List any specific physical requirements or timeframes you wish to work within. \_\_\_\_\_

Are there any ages and/or tasks you are not comfortable working in? \_\_\_\_\_

## Expectations (please initial to agree to abide by these expectations):

\_\_\_\_\_ While volunteers are encouraged to give their input on projects particularly if it is in an area of their expertise, final say on how a project is to be completed is the responsibility of the supervisor. Volunteers are expected to submit to their direction.

\_\_\_\_\_ Volunteers must come prepared with proper clothing for work projects and for classroom work.

I, the undersigned, wish to voluntarily participate as a volunteer at Muscatine Christian Academy. I, the undersigned, fully recognizing the dangers and hazards inherent in volunteering and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards, do hereby voluntarily: Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Muscatine Christian Academy its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation as a volunteer.

I have read this release; I understand it fully and I understand that it is legally binding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All volunteers working directly with students, except drivers, are required to have a background check from Muscatine Christian Academy. Please complete the attached "Permission to Obtain a Background Check". If you would like to cover the cost of your background check as a donation to the school, please indicate below.

- I would like to cover the cost of my background check in the amount of \$30. (Please include payment along with this form)

**Permission to Obtain a Background Check - Please read carefully**

*(This form authorizes the school to obtain background information and must be completed by the applicant. The school must keep this completed form for at least two years after requesting a background check.)*

I, (print name) \_\_\_\_\_, authorize Muscatine Christian Academy to request investigative reports from consumer, law enforcement, and other agencies. These reports may include my driving history (including any traffic citations), a social security number verification, present and former addresses, criminal and civil history/records and the state sex offender records. It may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the reporting agencies so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I also understand that a pre-employment physical, drug test, and fingerprinting may be required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and that my employment may be terminated at any time, with or without cause and with or without notice. I understand that no employee or representative of Muscatine Christian Academy, other than the President or his or her designee, has any authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing. Further, the President or his or her designee may not alter the at-will nature of the employment relationship unless done so specifically and in writing.

I voluntarily provide the following information to enable the above-described actions to be undertaken; and I have read, understand, and consent by my signature to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Identifying Information for Background Information Agency (also known as “Consumer Reporting Agency”)

*\*INFORMATION REQUIRED TO COMPLETE BACKGROUND CHECK*

\*Printed Name:

\_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Years Used: \_\_\_\_\_

\*Current Address:

\_\_\_\_\_  
Street/P.O. Box City State Zip Code County Dates

\*Email Address: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ \*Daytime Telephone Number: \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Confidential