

Volunteer Application

Shore Christian Academy

36076 Lankford Highway, P.O. Box 28 Belle Haven, VA 23306 757-442-9791

www.shorechristianacademy.org shorechristianacademy@verizon.net

Applicant Information								
Full Name:	:						Date	:
	La	st	First			M.I.		
[A state ass.]								
Address: Street Address								Apartment/Unit #
								7/0.0
City						State		ZIP Code
Phone: Email:								
Have you ever been convicted of a Crime?								
If yes, explain:								
Highest Le of Educati		☐ No High School/GED☐ High School/GED	☐ Some	ucation College ciate's Degree		helor's [ster's De		Higher
	L							
Experience								
Do you have any previous volunteer experience working with Children?								
If yes, explain:								
References								
Please list t	hree	professional references.						
Full Name:						Relation	iship:	
Company	:					Ph	one:	
Address:								
Full Name:	:					Relation	ıship:	
Company	:					Ph	one:	
Address:								
Full Name:	:					Relation	ıship:	
Company	:					Ph	one:	
Address:								

Current or Previous Employment Please list previous employment, starting with most recent. Phone: Company: Address: Supervisor: Job Title: Responsibilities: From: To: Reason for Leaving: May we contact your previous supervisor for a YES NO reference? **Church Information** Please list three professional and/or personal references. Church Name: Address: Phone: **Pastor** Reference: **Availability** Please circle the days and times you are available. Afternoon Monday Morning Tuesday Morning Afternoon Wednesday Morning Afternoon Thursday Morning Afternoon Friday Morning Afternoon **Disclaimer and Signature** I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Signature: Date: For office use only: Date Rec'd Contacted Status