

EVANGELICAL CHRISTIAN ACADEMY -- VOLUNTEER INTEREST FORM

Name _____ NIE/DNI _____

Student's Name (if applicable) _____

Address _____

Complete the best way to contact you:

Phone: _____

Email: _____

Please check any of the following opportunities in which you would like to participate:

ELEMENTARY ONLY:

- Class Coordinator – assists the teacher in planning parties, snacks, and special events
- Teacher's Aide – assists the teacher with cutting, gluing, making photocopies, etc.
- Attending Class Parties (in school)
- Sending Items for Class Parties (in school)
- Lunch/Recess Duty

ALL LEVELS:

- Assisting with Field Trips (if driving, a copy of your Spanish driver's license and proof of insurance is required)
- Helping in the office (answering phones (preferably Spanish/English speakers), making copies, etc.)
- Assisting with Field Day
- Sending items for Class Projects
- Food for special events
- Concert Preparation (decoration)
- Library Aide
- Bulletin boards
- Missions Week

FOR ALL VOLUNTEERS:

I enjoy the following types of activities:

- Organizing People and Events
- Desktop Publishing
- Decorating for Receptions and Parties
- Preparing Food for Parties
- Photography
- Other _____

Hobbies/Interests: _____

CPR Certification or Other Medical Training? _____

FOR INSTRUCTIONAL VOLUNTEERS ONLY:

For what position are you interested in volunteering?

- Elementary music Elementary P.E. Elementary art Elementary computer
 Elementary Spanish – level _____ MS/HS Elective – which one? _____
 Substitute Teacher – grade level? _____
 Music Lessons – which instrument(s)? _____
 English Language Learner (ELL) Program

Please explain your experience for each volunteer position that you have checked above.

Do you have a college degree? _____ Please list the college name, degree and date of graduation.

Please give a brief account of your salvation experience.

What are you currently doing in Spain?

I am available to help:

- Days – during school hours Evenings/Weekends – outside of school hours

APPLICANT VERIFICATION AND RELEASE

I recognize the Evangelical Christian Academy (ECA) is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I have completed the police record certificate and am turning it in with this form.

I have read the Volunteer Manual, the Parent/Student Handbook, and the Faculty Handbook (for Instructional Volunteers Only), and I agree to abide by them and to protect the health and safety of the children/youth at all times.

Printed Name _____

Signature _____

Date _____

*Please return to the school office.
This form will be kept confidential as we recognize the information is sensitive.*