

VOLUNTEER APPLICATION FORM

All volunteers are required to obtain a Criminal Record Check (including the Vulnerable Sector Screening Check) before volunteering at a Koinonia Christian School.

Office use:

Full Name: _____
First Initial Last

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Hobbies/Interest/Skills: _____

First Aid qualifications: _____

List activities or volunteer service in which you are/have been involved outside of school:

How long have you been affiliated with a Koinonia Christian School? _____

What do you value most about this school?

What is your area of interest in volunteering with this school?

Do you have any barriers that would affect your ability to carry out the duties involved with this position?

No Yes, Please explain: _____

References

Please provide the names of two people, excluding relatives, who will provide a reference for you.

1. Name: _____ Occupation: _____

Phone: _____ Relationship to Applicant: _____

2. Name: _____ Occupation: _____

Phone: _____ Relationship to Applicant: _____

I understand that in volunteering with _____ (name of school), I am required to, and I agree to, abide by the Moral Conduct Policy.

Office use:

Signature: _____ Date: _____