



# Lake Center Christian School VOLUNTEER APPLICATION

## I. PERSONAL DATA

Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## II. AREAS OF INTEREST (select your area(s) of interest. Full descriptions at [lccs.com/connectserve](http://lccs.com/connectserve))

- Elementary     Junior High     Senior High     Family Events Support     Spiritual Growth  
 Classroom Support & Field Trips     Faculty/Staff Appreciation     Annual Auction

## III. PERSONAL VIEW

1. Why do you want to volunteer at Lake Center Christian School?

\_\_\_\_\_  
\_\_\_\_\_

2. How long (mths/hrs) have you known Christ as your personal Lord and personal Savior?

\_\_\_\_\_

3. Describe your present relationship with the Lord.

\_\_\_\_\_  
\_\_\_\_\_

4. Denominational Affiliation \_\_\_\_\_ Church Membership/Where Attending \_\_\_\_\_

5. Do you consistently do personal Bible Study?  YES  NO

6. What are your beliefs regarding the following:

Sexual activity outside the covenant of marriage \_\_\_\_\_

Divorce and remarriage \_\_\_\_\_

Sexual identity issues \_\_\_\_\_

Homosexual lifestyles \_\_\_\_\_

YES  NO Are you willing to be guided by the LCCS Administration & policies and procedures they may implement?

YES  NO Are you open to consider changes in behavior that would make your volunteering more acceptable?

## IV. REFERENCES

Pastoral – Name of Pastor of the church you are now attending \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of LCCS Staff or Parent who recommended you to volunteer? \_\_\_\_\_

\_\_\_ I have read, support, signed, and submitted Lake Center Christian School's Statement of Faith.

\_\_\_ I have read, support, signed, and submitted the Annual Community Lifestyle Commitment Document.

\_\_\_ I give my permission to be billed \$20 for the required background check, upon approval of my application.

*Upon application review and approval, you will receive information on how to complete the necessary background check. This background check is valid for 3 years (fingerprinting is not required of volunteers). Please allow 2-3 weeks for this process after your application is received and reviewed. If you have had a background check for somewhere else and have a copy of your results, those may be submitted for review to [volunteer@lccs.com](mailto:volunteer@lccs.com).*

*For Advancement/Central Office Use Only (Copies to Both Departments)*

Classroom Teacher/Advisor/Leadership Team Approval \_\_\_\_\_ Date: \_\_\_\_\_

Initial Background Check Completed Date: \_\_\_\_\_ Renewal/Child Abuse Training Completion Dates on Digital Tracking Forms