

RCA

Volunteer Information Form

Name _____ Cell _____

Address: _____

E-mail: _____

Please check all that apply

Activity	Times	Circle Days Available
_____ Library	_____	M T W TH F
_____ Cafeteria	_____ 10:00 a.m. – 12:00 p.m.	M T W TH F
	_____ 12: 00 p.m. – 2:00 p.m.	M T W TH F
_____ Main Office/Foyer	_____	M T W TH F
_____ Teacher	_____	M T W TH F
_____ Room Mom (Please \checkmark preferred grade)		
Preschool	_____ PK3	PK4
Elementary	Middle School	High School
_____ Kindergarten	_____ 6 th grade	_____ 9 th grade
_____ 1 st grade	_____ 7 th grade	_____ 10 th grade
_____ 2 nd grade	_____ 8 th grade	_____ 11 th grade
_____ 3 rd grade		_____ 12 th grade
_____ 4 th grade		
_____ 5 th grade		

_____ Coach Sport(s) _____

_____ I attend a local church whose fundamental beliefs are in agreement with the RCA Statement of Faith (attached) Church Name _____

_____ I have submitted the following to RCA:

- _____ Federal Background Check Results
- _____ Confidentiality Statement (also found in back of Volunteer Handbook)
- _____ Signed RCA Statement of Faith
- _____ Copy of Driver's License

***Please note: In order to volunteer, a background check must be completed. Please access the link and forward the results to RCA.

<https://www.usacriminalbackground.com/>