

Parent Voluntary Form & Background Check Screening

Please fill out the following information to participate in volunteering opportunities at Word of Faith Christian Academy. We appreciate your commitment to our school community and the positive impact you will make in the lives of our students.

Section 1: Personal Information

Full Name:	
Home Address:	
City:	State: ZIP Code:
Phone Number:	State: ZIP Code: Email Address:
Section 2: Volunteer Opportunities	
Please indicate your areas of interest for volunt	teering:
Classroom Assistance	
Field Trips and Excursions	
3. Library Support	
4. School Events and Fundraisers	
5. Athletic Programs	
6. Parent-Teacher Association (PTA)	
7. Other (Please specify):	
By signing below, you authorize Word of Faith volunteer purposes.	all volunteers are required to undergo a background check. a Christian Academy to conduct a background check for the), give permission for Word of Faith Christian Academy turposes. I understand that this check may include criminal
Signature: Date:	:
Section 4: Confidentiality Agreement As a volunteer, you may come into contact with	th confidential and sensitive information. By signing below, y student or school-related information to which you may
I, (full nam school-related information encountered during	ne), agree to maintain the confidentiality of any student or my volunteer activities.
Signature: Date:	:
	or submit it electronically to <u>info@wfcacademy.org</u> . Onco

Thank you for your dedication and willingness to contribute to the Word of Faith Christian Academy community. Your involvement plays a vital role in the success of our students and school. For any questions or clarifications, please contact the school office at 772-245-3105 or info@wfcacademy.org.