



Calvary Triad Academy

Volunteer Application

Instructions to Submit the Application:

- Print the application
- Fill out the application (please use print)
- Scan the application and email to: djones@calvarytriad.com

Date of Application: _____

Calvary Triad Academy is a religious organization that does not discriminate against applicants for employment on the basis of race, age, sex, national origin, disability, veteran status, or marital status.

First Name	Middle Name	Last Name	Date of Birth (month/day/year)
Email		Phone (cell)	
Address		City	State
Zip Code			

Social Media (If applicable):

Facebook: _____

Twitter/X: _____

Instagram: _____

Other Social Media Account(s): _____

Position Desired:

Assistant Director

Lead Teacher

Teacher

Volunteer

Floater

Receptionist/Administrative Assistant

Have you ever been arrested? Yes ___ No ___

Have you ever been accused of abuse, neglect or child maltreatment? Yes ___ No ___

Do you now or have you ever sought out or intentionally viewed child pornography? Yes ___ No ___

Have you ever been dismissed from any child-serving position as a paid worker or volunteer?

Yes ___ No ___

Have you used illegal drugs in any form? Yes ___ No ___

Do you have any conditions or limitations preventing you from performing any activities relating to children's work? Yes ___ No ___

If you answered, "Yes" to any of the questions above, please explain in the space provided below:

Calvary Triad Academy provides a faith-based educational environment and Biblical foundations will be incorporated into the curriculum:

- Have you made a profession of faith in Jesus Christ? Yes ___ No ___

- Do you actively attend church somewhere? If so, where? Yes _____ No ___

Are you involved in any other church, ministry, or child-serving organization? If so, please describe your involvement: _____

Highest Level of Education:

School		Years
City	State	Cumulative GPA
Major Course/Degree		Graduated

List any childcare training completed in the last three years (such as: First Aid, CPR, SIDS, etc.):

Current Employer:

Current or most recent employer: _____

Start Date: ___/___/____ End Date: ___/___/____

Address: _____

Position: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason for Leaving: _____

Do we have your permission to contact your employer? _____

References:

(Please include complete addresses: street, city, state, and zip code.)

Personal

Name: _____

Relationship: _____ Time Known: _____ years, _____ months

Address: _____

Email: _____ Cell Phone: _____

Professional:

Name: _____

Relationship: _____ Time Known: _____ years, _____ months

Address: _____

Email: _____ Cell Phone: _____

Pastoral:

Name: _____

Relationship: _____ Time Known: _____ years, _____ months

Address: _____

Email: _____ Cell Phone: _____

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal of employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature: _____

Date: _____