

Volunteer Application Form

Please return application to:

McMinnville Christian Academy Office
325 NW Baker Creek Rd
McMinnville, OR 97128
Phone: 503-472-6076 **Fax:** 503-434-5543
Email: mcainfo@mcminnvillechristianacademy.org

Volunteers in Partnership

Thank you for your interest in volunteering. The information on this form will be used to help determine a volunteer assignment which will be well suited to your background and interests. (Please Print)

Name: _____
Connected to What Student(s): _____
Address: _____
City: _____ **Zip:** _____

(Please place a check next to your preferred way to be contacted.)

E-mail: _____
 Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Special skills, experiences, hobbies, and/or educational background:

When are you available? (Mark all that apply)

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Weekends	_____	_____	_____

What area(s) are you interested in volunteering? (Check as many as apply.)

Areas of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Science | <input type="checkbox"/> Music |
| <input type="checkbox"/> Social Studies/History | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Math | <input type="checkbox"/> Computers/Media |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Library Services |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Bible | <input type="checkbox"/> School Assemblies |
| <input type="checkbox"/> Art | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> Clerical Activities | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Class Parties (Which Teacher?) |
| <input type="checkbox"/> After School Activities | _____ |

One Time Events:

- | | |
|--|--|
| <input type="checkbox"/> Walk 'n' Roll-A-Thon (Oct.) | <input type="checkbox"/> Fall Carnival (Oct.) |
| <input type="checkbox"/> Book Fair (Oct. and April) | <input type="checkbox"/> Grandparents' Day (April) |
| <input type="checkbox"/> ACSI Regional Spelling Bee (Jan) | <input type="checkbox"/> Penny Drive Dinner (Nov) |
| <input type="checkbox"/> Salute to Veterans (Nov) | <input type="checkbox"/> All School BBQ (June) |
| <input type="checkbox"/> Christmas Program | |
| <input type="checkbox"/> Auction March 2016 (Planning begins October 2015) | |

Publicity Release:

I hereby give my permission to McMinnville Christian Academy to use my name and/or picture in news stories, newsletters, news releases, etc. to help in the promotion of McMinnville Christian Academy and the Volunteers in Partnership program.

I do not wish to give my permission at this time for publicity releases.

Signature: _____ **Date:** _____

I am interested in volunteering my services to McMinnville Christian Academy. I understand that although I will not be an employee of MCA I will abide by the school policies for volunteers.

I also understand that MCA will perform a background check before I begin my time volunteering.

Signature: _____ **Date:** _____