



# Mountaintop

CHRISTIAN ACADEMY

## VOLUNTEER APPLICATION

All volunteers must submit this completed volunteer application and certifications prior to the commencement of service. A new application must be completed yearly.

All prospective volunteers **must** obtain the following certifications, that are valid for 60 months from date of issue:

- Report of Criminal History from the Pennsylvania State Police (PSP)
- Child Abuse History Certification from the Pennsylvania Department of Human Services (Child Abuse)
- If having resided outside the Commonwealth of Pennsylvania at any point in the last ten (10) years, a fingerprint based Federal Criminal History (FBI) **OR** If having been a continuous resident of the Commonwealth of Pennsylvania for the past ten (10) years, must swear or affirm in writing that they are not disqualified from service based upon a conviction of an offense under 23 Pa.C.S. § 6344

### PERSONAL INFORMATION

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address (please print): \_\_\_\_\_

Have you accepted Jesus Christ as your Personal Savior:  Yes  No

Church where you are an active member: \_\_\_\_\_

### FAMILY INFORMATION

Student #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student #2: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student #3: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

### EXPERIENCE

Please list any education or experiences that have prepared you to work with children:

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Please list any special skills, gifts, or talents that you are willing to share as a volunteer at MCA:

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REFERENCES

List two references, other than family, that can be contacted to conduct a reference check:

Reference #1 - Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known them?: \_\_\_\_\_

In what capacity have you known them?: \_\_\_\_\_

Reference #2 - Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ How long have you known them?: \_\_\_\_\_

In what capacity have you known them?: \_\_\_\_\_

BACKGROUND INFORMATION

Have you ever engaged in any conduct that would be regarded as criminal child abuse or neglect?  Yes  No

Have you ever been convicted of a felony or sex crime?  Yes  No

Are there any charges currently pending against you?  Yes  No

Do you have any contagious disease, health issue, or history of emotional illness that would currently place children, youth, other workers, or yourself at risk?  Yes  No

We will conduct background checks. Do you have any reason to believe that such a background check would disclose any information that would suggest that you should not serve as a MCA school volunteer?  Yes  No

Have you been a continuous resident of Pennsylvania for the past 10 years?  Yes  No

***\*If you answered yes to any of the above questions, please explain below or on a separate piece of paper and attach to this application if more space is needed.***

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

By signing below, I acknowledge that all of the information I have provided is true and complete, I give permission for background checks to be performed, and I give permission for the churches, organizations, and references listed on my original application and others not listed to be contacted for reference checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_