



# 2009-10 Volunteer Application

Please return completed application to the school business office or mail to the address below.  
**-- Original signed applications are required. Please do not fax the applications. --**  
Following the background check, a Volunteer Identification Badge will be issued to applicant.  
The badge is good for two years and must be worn at all times while on the ETCA campus.

*"Volunteers don't necessarily have the time, but they have the heart." - Anonymous*

## Basic Information - Please print in black or blue ink. (Unreadable applications will not processed.)

### \* Required Information

\* Ms. Mrs. Mr. Dr. \_\_\_\_\_  
First Name Middle Name Last Name

\* Former/Maiden Name(s): \_\_\_\_\_

\* Complete Street Address: \_\_\_\_\_  
Street City Zip

\* Home Phone: 903 - \_\_\_\_\_ \* Work Phone: 903 - \_\_\_\_\_ Cell Phone: 903 - \_\_\_\_\_

\* Age:  18-20 years  21-61 years  62 years & over \* Gender:  Male  Female

\* Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please attach a copy of your social security card and driver's license.

**Note: In accordance with federal and state laws, ETCA is required to notify you in writing the purpose for collecting your social security number. Social security numbers are imperative for the performance of ETCA's complete background screening process for volunteers who wish to volunteer at East Texas Christian Academy and will not be used for any other purpose. This information will be kept strictly confidential.**

## Health Information

Who should we contact in case of an emergency?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: 903 - \_\_\_\_\_ Work Phone: 903 - \_\_\_\_\_ Cell Phone: 903 - \_\_\_\_\_

Do you have any injuries, illnesses, or physical limitations we should be aware of?  Yes  No If yes, please describe. \_\_\_\_\_

List any medication we should be aware of in the event of an emergency. \_\_\_\_\_

Do you currently have any contagious or infectious diseases?  Yes  No

- If yes, you must provide a doctor's statement verifying that you can work with the public.

Have you been exposed to TB?  Yes  No If yes, please explain. \_\_\_\_\_

**Mail to: East Texas Christian Academy Business Office – 1797 Shiloh Road – Tyler, TX 75703**

### Office Use Only

Cleared  Fingerprinted  Rejected  Picture Taken Date Processed: \_\_\_ / \_\_\_ / \_\_\_ By: \_\_\_\_\_

Notes: \_\_\_\_\_

