

DECATUR CHRISTIAN SCHOOL
137 SOUTH GRANT STREET
FORSYTH, IL 62535
217-877-5636 fax: 217-877-7627

Volunteer Application

This application will not be processed unless all sections are complete and the application is signed and dated.

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____ CELL: _____

Bus Drivers Only:

SSN _____ Driver's License # _____ Date of Birth: _____

Have you had any tickets or citations within the last year? _____ (yes or no)

How long have you lived in Decatur? _____ yrs. Previous Residence _____
City State

Occupation: _____ Employer: _____

Sex: M ___ F ___ Age Category: Under 20 ___ 21-49 ___ 50 or over ___

Do you have a student or students attending DCS

Child's Name	Grade	Teacher
_____	_____	_____
_____	_____	_____

CHRISTIAN BACKGROUND (use back of page if needed)

How long have you known Christ as your Lord and Savior?	
What is your definition of a Christian?	
Are you an active member of a church? In what capacity?	
Church affiliation	
Pastor's Name and Phone	

Type of Volunteer Work: Check All That Apply

Field Trip_____ Lunchroom_____ Classroom_____ Other In-School

1. Have you ever been convicted or had adjudication withheld in a criminal offense other than a minor traffic violation? Yes_____ No_____
Are there any criminal charges pending against you other than minor traffic violations? Yes_____ No_____

If yes, please explain _____

2. BY SIGNING, I agree to abide by the policies and/or procedures of the Decatur Christian Student/Parent Handbook. I understand that the Decatur Christian School reserves the right not to place me or to Discontinue the use of my services as a volunteer at anytime.

VOLUNTEER SIGNATURE _____

DATE _____