



# calvarysd calvary christian academy

1771 E Palomar Street Chula Vista, Ca 91913 • 619.421.1100

Individuals who desire to volunteer their time at Calvary Chapel San Diego (CCSD) must read and understand the process and requirements outlined below.

## VOLUNTEER

A **volunteer** is someone who works for a community or for the benefit of environment primarily because they choose to do so. The word comes from Latin, and can be translated as “will” (as in doing something out of one’s own free will). Many serve through a non-profit organization – sometimes referred to as formal volunteering, but a significant number also serve less formally, either individually or as part of a group. *Wikipedia*

At CCSD, Volunteering is an act of service that is not compensated or is done as a requirement (service to fulfill number of hours – see Community Service).

Examples of Volunteers:

- Parent volunteering their time in their child’s classroom 3 times a week throughout the school year.
- An individual volunteering their time to help with after school sports program.
- An individual, who possesses a unique skill set, desires to use it to come alongside a department/program and volunteers their time weekly.

### What is Needed:

1. If interested, the individual will complete a **Volunteer Application** and obtain *one (1) Personal Reference or Pastoral Reference*. (Forms are included but can also be downloaded on our website: [www.ccaknights.com](http://www.ccaknights.com)).
2. Completed forms must be submitted to the Human Resources Office.
3. The Human Resources Office will determine the following: The individual’s purpose, destination (room, group), and frequency of time on campus and complete the Confirmation Notice for file.
4. The volunteer will be assigned to a staff member for accountability purposes (i.e., their child’s Teacher, Athletic Director, Coach, etc.).
5. Once a determination is made, the individual is contacted by the Human Resources Office and is asked to complete the following:
  - a. Live Scan (if they are 18 years or older)
  - b. Photo for ID Badge
  - c. Volunteer Guidelines
  - d. Liability and Release Waiver Form
6. If the individual is a **MINOR** the following applies:
  - a. During the School hours *then* MINORS **are unable** to be assigned as a Volunteer
  - b. Before or After School hours *then* MINORS are able to volunteer and must go through the process stated above (except for Live Scan).
  - c. During the summer months *then* MINORS are able to volunteer must go through the process stated above (except for Live Scan).
  - d. Minors who volunteer will not be allowed to go into before or after care service and their parent will need to pick them up after their service.
  - e. This does not fulfill Community Service hours/requirements (see Community Service information on website).



# calvarysd calvary christian academy

1771 E Palomar Street Chula Vista, Ca 91913 • 619.421.1100

## VOLUNTEER APPLICATION

We are looking for faithful, committed Christians who love youth and desire to see them know Jesus. This application is designed to help us know you better. All who work with our children are required to submit this information before we can place them in a position of ministry. Please fill out this application completely. Use the back if you need more room. We greatly appreciate your willingness to volunteer in our school or church ministry. The information you provide will be kept **confidential**. Thank you for your desire to serve God by ministering to His children.

### PERSONAL INFORMATION

Name	Phone
Address	City Zip
Where are you employed?	Work Phone
Driver's License #	Email Address

### SPIRITUAL INFORMATION

Describe how you became a Christian?

Describe your walk presently?

What church do you attend?	How long?
----------------------------	-----------

Which services do you attend?

What ministries are you currently involved with?

Describe any training experience you have had related to working with youth.

Why do you desire to be a volunteer?

Can you joyfully submit to the leadership of this school?

### LEGAL INFORMATION

Are there any other circumstance involving your life-style or background that the school administration should be aware of?

**Fingerprinting of all school personnel is required by law.**

*I declare that the information I have provided on this application is complete and true.*

**Your Signature**

**Date Signed**



# calvarysd calvary christian academy

1771 E Palomar Street Chula Vista, Ca 91913 • 619.421.1100

## Volunteer Personal Recommendation

Applicant's Name

The applicant above has applied to work in a volunteer capacity with the children at our school or church. We want to ensure that these relationships will be upheld in a reputable manner. Please complete the form below with your evaluation of the applicant's character and integrity and return to us by mail or fax. **All information will remain confidential.**

How long have you known this person?

Describe your relationship with the applicant.

Describe the evidences you see in this person's life that demonstrate his/her commitment to Christ.

What are their strengths?

What are their weaknesses?

Do you have any concerns regarding this person working with the youth?

For each attribute, circle the word on the right that best describes what level you believe the applicant is.

Responsibility	Low	Below average	Average	Very good	Excellent
Adaptability	Low	Below average	Average	Very good	Excellent
Cooperation / Teamwork	Low	Below average	Average	Very good	Excellent
Spiritual Maturity	Low	Below average	Average	Very good	Excellent
Emotional Maturity	Low	Below average	Average	Very good	Excellent
Excellent Conflict Resolution Skills	Low	Below average	Average	Very good	Excellent
Ability to relate to youth	Low	Below average	Average	Very good	Excellent
Example for others and youth to follow	Low	Below average	Average	Very good	Excellent
Personal Recommendation	Low	Below average	Average	Very good	Excellent

May we call you if we have further questions?

Yes

No

Phone

Signature

Print Name

Please fax the completed form to (619) 591-2262 or mail it to:

**Calvary Chapel San Diego/Calvary Christian Academy**

**Attn: Human Resources Office**

**1771 E. Palomar Street**

**Chula Vista, CA 91913**

Thank you for taking the time to complete this evaluation. If you have any questions, please contact the Human Resources office at (619) 421-1100.



# calvarysd calvary christian academy

1771 E Palomar Street Chula Vista, Ca 91913 • 619.421.1100

## Volunteer Pastoral Recommendation

Applicant's Name

The applicant above has applied to work in a volunteer capacity with the children at our school or church. We want to ensure that these relationships will be upheld in a reputable manner. Please complete the form below with your evaluation of the applicant's character and integrity and return to us by mail or fax. **All information will remain confidential.**

How long have you known this person?

Describe your relationship with the applicant.

Describe the evidences you see in this person's life that demonstrate his/her commitment to Christ.

What are their strengths?

What are their weaknesses?

Do you have any concerns regarding this person working with the youth?

For each attribute circle the word on the right that best describes what level you believe the applicant is.

Responsibility	Low	Below average	Average	Very good	Excellent
Adaptability	Low	Below average	Average	Very good	Excellent
Cooperation / Teamwork	Low	Below average	Average	Very good	Excellent
Spiritual Maturity	Low	Below average	Average	Very good	Excellent
Emotional Maturity	Low	Below average	Average	Very good	Excellent
Excellent Conflict Resolution Skills	Low	Below average	Average	Very good	Excellent
Ability to relate to youth	Low	Below average	Average	Very good	Excellent
Example for others and youth to follow	Low	Below average	Average	Very good	Excellent
Personal Recommendation	Low	Below average	Average	Very good	Excellent

Name of Church

Phone

Signature of Pastor

May we call you if we have further questions?

Yes

No

Please fax the completed form to (619) 591-2262 or mail it to:  
**Calvary Chapel San Diego/Calvary Christian Academy**  
**Attn: Human Resources Office**  
**1771 E. Palomar Street**  
**Chula Vista, CA 91913**

Thank you for taking the time to complete this evaluation. If you have any questions, please contact the Human Resources office at (619) 421-1100.



calvarysd  
calvary christian academy

1771 E Palomar Street Chula Vista, Ca 91913 • 619.421.1100

**RELEASE AND WAIVER OF LIABILITY FORM**

I, the undersigned, will be participating as a **VOLUNTEER** (hereafter the "activity") at Calvary Chapel San Diego (CCSD) on or about \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death in connection with my participation in this activity. I understand and agree that neither CCSD nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this activity and hereby release CCSD, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the activity. To the fullest extent permitted by law, I agree to save and hold harmless CCSD, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the activity.

I authorize CCSD through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity.

**IF APPLICABLE:**

I understand and acknowledge that CCSD does not provide health or medical insurance in connection with the activity and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the activity.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

(If the individual is a **Minor** then a Parent/Guardian signature **IS REQUIRED**)

Parent/Guardian Contact Telephone Number: \_\_\_\_\_