



## Volunteer Application

There are many areas in our school where volunteer assistance is needed. If you are able to help, we encourage you to contact your child's teacher or the school office for information on how to become involved.

At CFCA the safety of our students is our highest priority. In order to ensure student safety, we require all who work with children at Willamette Christian School to:

- Complete the volunteer application form.
- Bring in \$5.00 to the office to complete the background check.

If you would like to be a driver for field trips:

1. We request your 3-year non-employee driving record from the Department of Motor Vehicles. You can go online and purchase this information. They will send you a link. You will need to save that link to your computer and then email the PDF to [admin@cityfirstwarriors.org](mailto:admin@cityfirstwarriors.org). The other option to go to the DMV in person and order one. Please have them fax it to us @ 541-686-8747. The DMV charges a fee of \$3.00.
2. Read, sign and return the transportation policy form.
3. Bring a copy of your current auto insurance card and driver license to the school office.

Once these documents have been completed and returned to the school, the application will be reviewed, and references will be verified. When completed, and if all is in order, you be able to volunteer and assist where needed in the school.

With sincere thanks,

CFCA Office



# CITY FIRST

## CHRISTIAN ACADEMY

### VOLUNTEER APPLICATION

Confidential

Please Type or Print Clearly

This application is to be completed by all applicants for any volunteer position involving the supervision or custody of minors. This is not an employment application form. This form is being used to help the school provide a safe and secure environment for those children and youth who participate in its programs and use the facilities.

#### PERSONAL

Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you related to a student or staff member at CFCA? | Yes | No

If yes, please list name and grade or position \_\_\_\_\_

If no, please explain why you would like to volunteer at the school \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime? | Yes | No

*(If yes, please explain - attach a separate page if necessary):*

\_\_\_\_\_

\_\_\_\_\_

Do you have a current driver's license? | Yes | No

Name on License \_\_\_\_\_ Driver's License # \_\_\_\_\_

State Issued \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

Do you have personal health and accident insurance? | Yes | No

**PRIOR YOUTH WORK**

List all previous work involving children/youth (list each organization's name, address, type of work performed and dates):

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

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work:

\_\_\_\_\_

Personal References (not former employers or relatives)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any reference listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by City First Christian Academy, I hereby release any individual records, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws, policies, and statement of faith of City First Christian Academy and refrain from unscriptural conduct in the performance of my services on behalf of the school.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# CITY FIRST

## CHRISTIAN ACADEMY

### Transportation Policy

It is the policy of CFCA (hereafter referred to as the school) to always be in compliance with all Oregon vehicle codes with regards to the transportation of children. To ensure that we meet these requirements the following procedures shall be followed:

1. **Every passenger** who rides in **any** vehicle during a school sponsored event must wear a seat belt.
2. Doors shall be locked during all trips. Children will be instructed not to play with door handles and locks.
3. There should never be any sharp or heavy objects loose in the vehicle during transportation of children.
4. No vehicle will carry more passengers than it has seat belts. There will be only one person for each seat belt. In the case of an emergency, three children can be protected with two seat belts in a back seat by having the child in the middle share a belt with both children on each side. (NOTE: Research shows that 3 children sharing 2 belts in the prescribed way are safer than 2 children in one belt.)
5. Children will not be allowed to place any part of their body outside a window.
6. Oregon State Law requires child passengers to be restrained in approved child safety seats until they weigh 40 pounds. Children over 40 pounds must use booster seats until they have reached a height of 4'9" or the age of 8.

Buses and other CFCA vehicles are for official school business only. These vehicles are not available for personal or group use outside of CFCA sponsored activities. Below is a statement in which volunteers must read and sign to verify their understanding and responsibility in driving their own vehicles for school functions.

CFCA feels the responsibility to notify you of the liability involved in driving your own private vehicle for a school sponsored activity. It is important to understand that the school provides liability coverage for individual students and employees only. This coverage is called secondary insurance coverage and pertains to student activities that are sponsored by the school, along with worker's compensation insurance for employees. Please understand that this coverage does not provide insurance protection for you or non-school persons; or coverage for your private vehicle. It is the responsibility of the volunteer to provide their own vehicle insurance, medical liability and comprehensive liability.

- I DO NOT wish to be a driver for CFCA, CFCA families, CFCA Children, CFCA Field Trips, or in any other capacity related to CFCA volunteer activities.

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

- I DO wish to be a driver for CFCA, CFCA Families, CFCA Children, CFCA Field Trips and all other capacities related to CFCA volunteer activities.

I have read and understand the above. Yes, I have insurance on my vehicle and on myself with a minimum coverage of \$50,000 liability and \$100,000 per occurrence as stated by Oregon State Law.

I have read and understand the transportation policy of the school. I agree to comply with all procedures regarding the transportation of children in my personal vehicle. I have a valid driver's license and to the best of my knowledge will be using a vehicle that is in good repair with factory-installed safety belts.

I understand my total liability. I understand that I could be the subject of litigation in case of an accident by passengers or passengers' families riding in my vehicle. I also understand that the school does not provide liability insurance for me or any non-CFCA persons or my vehicle.

**Attach a copy of your driver's license and vehicle insurance card.**

Insurance Carrier's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Total # of seat belts \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_ Date \_\_\_\_\_



# CITY FIRST

## CHRISTIAN ACADEMY

### **Confidentiality Policy**

It is the policy of the City First Christian Academy (CFCA) that volunteers of CFCA will not disclose confidential information belonging to or obtained through their affiliation with CFCA to any person, including their relatives, friends, and business and professional associates, unless CFCA has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

Volunteers are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view.

Failure to adhere to this policy will result in discipline, up to and including separation of service with CFCA.

Upon separation of employment and/or end of your board member service, he or she shall return, all documents, papers, and other materials, that may contain confidential information.

I have read CFCA's Confidentiality Policy. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred.

I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with CFCA.

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# ORDER YOUR OWN RECORD

You can order your own record, by mail, from the DMV Headquarters. Records are mailed to you at your address shown on your DMV computer record unless you indicate otherwise. If you want records faxed or mailed to an address other than your address on the DMV's record, you must include enough information in your request for DMV to verify your identity, such as: date of birth, place of birth, address of record, mother maiden name, etc. If you are requesting a record that contains another person's personal information as well as your own (such as a title history or odometer history), your personal information will appear on the record(s) but the other person's will not.

**INSTRUCTIONS:** Fill out the name and address fields completely. You must include enough vehicle and/or driver information for DMV to locate the record.

NAME OF INDIVIDUAL

|   |                                |                                     |                |
|---|--------------------------------|-------------------------------------|----------------|
| ODL / ID / CUSTOMER #                         | DATE OF BIRTH (MM / DD / YYYY) | MOTHER'S MAIDEN NAME                | PLACE OF BIRTH |
| PLATE NUMBER                                  |                                | VIN (VEHICLE IDENTIFICATION NUMBER) |                |
| ADDRESS                                       |                                | CITY                                | STATE ZIP CODE |
| ADDRESS TO MAIL TO (IF DIFFERENT)             |                                | CITY                                | STATE ZIP CODE |
| TELEPHONE NUMBER (INCLUDE EXT. IF ANY)<br>( ) |                                | FAX NUMBER<br>( 541 )686-8747       |                |

MESSAGE:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> DR NON-EMPLOYMENT DRIVING RECORD=3 YEAR RECORD \$ 1.50                                    | <input type="checkbox"/> VR VEHICLE RECORD PRINT \$4.00          |
| <input type="checkbox"/> DE EMPLOYMENT DRIVING RECORD=3 YEAR RECORD \$ 2.00   | <input type="checkbox"/> VH VEHICLE TITLE HISTORY \$22.50        |
| <input type="checkbox"/> DI DRIVER ADDRESS INFORMATION \$1.50   | <input type="checkbox"/> VO PREVIOUS OWNER INFORMATION \$ 14.00  |
| <input type="checkbox"/> DO OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD \$ 1.50  | <input type="checkbox"/> II INSURANCE INFORMATION SEARCH \$10.00 |
| <input type="checkbox"/> CP CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION \$3.00 | <input type="checkbox"/> CC CERTIFICATION \$1.00                 |
| <input type="checkbox"/> OTHER: _____   |  |

|                |      |
|----------------|------|
| SIGNATURE<br>X | DATE |
|----------------|------|

**A CHECK OR MONEY ORDER, PAYABLE TO "OREGON DMV"**

For a complete list of fees and records (refer to Form 6691) [www.oregondmv.com](http://www.oregondmv.com)

**MAIL REQUEST TO: DMV RECORDS SERVICES, 1905 Lana Avenue, Salem, OR 97314**

Please call Records Services at 503-945-5475 with questions regarding this form.