



2017/2018 NBCA VOLUNTEER APPLICATION

****A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED WITH THIS APPLICATION****

Name _____ Date _____

Home Phone _____ Cell Phone _____ Birthdate _____

Address _____

Emergency Contact _____ Relationship _____

Contact Phone# _____ Alternate Phone# _____

STUDENT'S NAME _____ GRADE _____

Please indicate what type of volunteer opportunity you are seeking:

___ Academic Assistance (tutoring, classroom assistance, etc.)

___ Non-Academic Support (playground supervision, office help, lunch program, etc.)

___ Specific Event/Field Trips (See below)

Days Available _____

Times Available _____

Please list any special skills or talents you would like to bring to your volunteer work:

What grade level are you interested in volunteering for:

___ PreK/K ___ 4th ___ 9th-12th

___ 1st ___ 5th ___ Specific Event: _____

___ 2nd ___ 6th Date of Event _____

___ 3rd ___ 7th& 8th Teacher _____

Will you be driving? _____ If driving, your driver's license & proof of insurance will need to be copied and kept in the office.

Please submit this form to the office. Approved applications will be valid for current year only.



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NewBranches.org • CONNECT WITH US

VOLUNTEER RELEASE FORM FOR VOLUNTEER CRIMINAL HISTORY AND SEX OFFENDER RECORDS CHECK

Please print using black ink. Please fill in all required information.

REQUIRED INFORMATION:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

RACE (CIRCLE ONE): WHITE BLACK ASIAN OR PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE OTHER

SEX (CIRCLE ONE): MALE FEMALE

MONTH OF BIRTH: _____ DAY OF BIRTH: _____ YEAR OF BIRTH: _____

MAIDEN/PREVIOUSLY USED NAME(S), IF ANY: _____

MICHIGAN DRIVER'S LICENSE NUMBER: _____

COPY OF DL ATTACHED ARE YOU WILLING TO DRIVE?

VOLUNTEER TYPE: OFF SITE OVERNIGHT OUT OF STATE

If any of the above boxes are marked the volunteer must complete the fingerprinting process

STUDENT NAME	TEACHER	RELATIONSHIP TO STUDENT

VOLUNTEER DISCLOSURE

By virtue of my signature, I certify that the name and personal descriptive information is accurate as recorded on this document. I recognize my right to challenge the accuracy or completeness of the information contained in a criminal history check, sex offender registry check, or any other records check.

Signature of Volunteer

Date