ANDERSON CREEK ACADEMY
VOLUNTEER REGISTRATION FORM

Volunteer's Name: _____ _____ _____
First Middle Last

Address: _____
Street or P.O. Box

_____ _____ _____
City State Zip Code

Date of Birth: ____/_____/_____ Student Name(s): _____
MM DD YYYY

Grade(s): _____

Phone: _____

Email: _____

By my signature below, I hereby consent to a criminal records check. As a condition of providing volunteer service in a public charter school, I hereby acknowledge that I am required to have a criminal background check completed by the public charter school in accordance with the requirements of the Anderson Creek Club Charter School Criminal Records Check Policy and the provisions of North Carolina General Statutes 115C-238.29F(e1).

Volunteer Interest

_____ Before-School Care
_____ Lunch/Recess Program
_____ After-School Enrichment
_____ Classroom Support
_____ Morning Drop-Off Support
_____ Afternoon Pick-Up Support
_____ Playground Support
_____ Testing Support
_____ Special Events Support
_____ Car Pool
_____ Other: _____
(*Please Specify*)

Days and times you are available to volunteer: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____ Weekend _____

Date: _____

_____
Signature

_____
Print Name

Official Use: Date Record Check Completed: _____
Volunteer Registration Number: _____
Completed By: _____