



**FREDERICTON**

Christian Academy

*home of the eagles*

# Volunteer Form

NOTE: All volunteers (including parents/guardians) must sign in and sign out at office. Volunteers must wear a volunteer name badge at all times.

First Name	Last Name	Gender	Age			
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-44	<input type="checkbox"/> 45-64	<input type="checkbox"/> over 64

**Contact Information**

Street Address	Province	Phone
City	Postal Code	Email

**Some information about you**

Do you have family members attending FCA? <input type="checkbox"/> Yes <input type="checkbox"/> No - if "No", please explain on back why you want to volunteer at FCA	Name of child(ren)	Relationship to child(ren)
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Languages spoken	Current or past occupation	Special talents/skills

**Areas you would like to volunteer: (select all areas that interest you)**

<input type="checkbox"/> Drive for outings	<input type="checkbox"/> Help supervise special event(s)	<input type="checkbox"/> Help in classroom
<input type="checkbox"/> Help with Sports	<input type="checkbox"/> Help with Drama	<input type="checkbox"/> Help with Computers
<input type="checkbox"/> Help with Reading	<input type="checkbox"/> Help with Art	<input type="checkbox"/> Help with ESL

**References (non-family members)**

First Name	Last Name	Street Address	City	Phone number	Email
First Name	Last Name	Street Address	City	Phone number	Email

**Please include the following to complete this application:**

Criminal check  
 Proof of 1 million liability vehicle insurance (if using your vehicle for transportation).  
*Note: Winter tires are mandatory from Nov. 1st- April 30th.*

I certify that the above information is true and correct.

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

Date: \_\_\_\_\_  
mm/dd/yyyy

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