



Pearl Harbor Christian Academy

Volunteer/Chaperone Checklist

Dear Volunteers:

We appreciate your interest in volunteering at Pearl Harbor Christian Academy. We value your assistance and realize the significant role our volunteers perform in the successful operation of PHCA.

For the best interest and safety of all our students, we ask all volunteers who will be assisting throughout the year to abide by the following:

- ***Complete and submit our “Volunteer/Chaperone Form & Volunteer Statement of Faith”. This form needs to be resubmitted each year.***
- ***We ask for date of birth & SSN# so that a criminal background check can be processed***
- ***Provide medical proof TB Clearance*** (Only needed for first year submitting form as long as a new form is completed each year)
- ***We request modest dress when you are volunteering. When volunteering for the classroom or school presentation, please follow student dress code standards as stated in the handbook. Please refrain from wearing spaghetti straps, halter tops, midriffs, short shorts, low rise pants that expose undergarment/bottom, etc. If you would like to wear one of our PHCA Polo or T-shirts, they are available for purchase, however they are not required.***
- ***There is no smoking on school grounds or while volunteering for school events on or off of school property.***
- ***Children who are not PHCA students may not accompany you while volunteering to supervise PHCA students***
- ***Cell phones should not be used while supervising students and should be off or on silent while in the classroom.***
- ***Please read and follow the guidelines listed under “Volunteers” in the handbook.***

Thank you for your cooperation and helping us ensure our students and parents that our volunteers have been informed and carefully screened.



Pearl Harbor Christian Academy Volunteer/Chaperone Form

PERSONAL INFORMATION:

Name: _____

Student's Name: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Home Ph#: _____ Work Ph#: _____

Occupation: _____ SSN#: _____

If married, spouse's name: _____ Birthdate: _____

DAYS & TIMES AVAILABLE

DAY	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					

In what areas would you like to volunteer your services? _____

Do you have any health problems that may put children you interact with or under your care at risk? _____

Have you ever been a perpetrator in a case of child abuse/neglect? If yes, please explain: _____

Have you ever been convicted of a felony? () Yes () No

REFERENCES

Personal Character Reference:

Name: _____

Church: _____

Address: _____

City, State, Zip: _____

Phone # (day/eve): _____

Personal Character Reference:

Name: _____

Church: _____

Address: _____

City, State, Zip: _____

Phone # (day/eve): _____

I certify that the information provided above is true and correct to the best of my knowledge. I understand that as a chaperon, I will be under the instruction of the PHCA staff and will follow through with such instructions to the best of my ability.

Signature _____

Date _____