



# LEGACY

CHRISTIAN ACADEMY  
VOLUNTEER FORM

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

## Availability

Please place an X in each box for the days/times that you are available.

	M	T	W	Th	F
8:15-12:00					
12:00-3:15					

## Volunteer Activities

Please place an X beside each activity in which you would like to volunteer.

- Assist with Arrival \_\_\_\_\_      Work with an individual student \_\_\_\_\_
- Answer Phone \_\_\_\_\_      Work with a small group of students \_\_\_\_\_
- Make copies for teachers \_\_\_\_\_      Lunch Buddy-Eat lunch with a student \_\_\_\_\_
- Read to a Class \_\_\_\_\_      Assist with Dismissal \_\_\_\_\_

**All volunteers will be required to undergo a background check.**

