

Volunteer Application Form



IMMANUEL
CHRISTIAN SCHOOL

General Data:

Name: _____
Address: _____
City: _____ Postal Code: _____
Telephone: _____ Cell Phone: _____
Emergency Contact: _____

Volunteer Classification:

Parent Senior/Retiree University Student Community

Organizational Affiliation (if any) _____

Languages Spoken : English French Other _____

Grade Level Preference: K 1-3 4-6 7-9

Availability: Please fill in the dates and times you would prefer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Faith Affirmation: Please read the following statement from ICS constitution and sign if you agree.

We believe that Jesus Christ, the only begotten Son of God, according to the Scriptures, is both truly God and fully man. By His life, death, and resurrection He reconciles us and all the world to God and redeems our life in its entirety. Through His spirit He renews our hearts to God and neighbour, and redirects our understanding to rightly know God, ourselves, and the world. He is the only way of salvation.

Signature: _____

Please describe your relationship to Christ.

Criminal Record Check:

It is our school policy that anyone who works with our children must submit a criminal record check. If you have a current one, please submit it with this application. If you do not, you can request a letter from our school office requesting that a criminal record check be done, and then there is no cost to you.

Please return completed form to the school office or scan and email to office@icspei.ca.