



Central Academy at Lake Park

3624 Lake Park Road ♦ Indian Trail, NC 28079 ♦ 704.882.6267

Volunteer/Supplemental Instructor Application

Date of Application	___/___/___	Date of Birth	___/___/___	Driver's License #	_____
Applying for Academic Year	_____	Social Security	___-___-___	Email Address	_____



LAST NAME	FIRST	MIDDLE	PREFERRED NAME
_____	_____	_____	_____
Address _____			Home Phone _____
City _____	State _____	Zip _____	Cell Phone _____
How long at this address? _____	Is this your permanent address? _____	Best time to call you? _____	



AREA OF INTEREST

Please indicate how you would be interested in servicing the Academy.

How did you learn about Central Academy?

Can you submit verification of your legal right to work in US? Yes No



CHRISTIAN BACKGROUND

Church You Attend _____ How Long? _____

Pastor's Name _____ Are You a Member? _____

Other Christian service you have done or are doing.

Briefly describe your personal Bible study and prayer.

What books have you read that have helped you spiritually?



PERSONAL REFERENCES Do not list family members or relatives for references. Give three references who are qualified to speak of your spiritual experience and Christian service. List your current pastor first.

Name and complete address	Phone	Position
_____	_____	_____
_____	_____	_____

Give three references who are qualified to speak of your professional training and experience. List your current or most recent principal or supervisor first.

_____	_____	_____
_____	_____	_____

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Volunteer Application

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a volunteer position with Central Academy at Lake Park. I have authorized the Academy to thoroughly investigate my references, work records, evaluations, educational experience, and other matters related to my suitability for employment.

I authorize references and my former employers to disclose to Central Academy at Lake Park any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notices of such disclosure.

In addition, I hereby release Central Academy at Lake Park, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Central Academy at Lake Park.

I certify that I have carefully read and do understand the above statements:

Applicant's Printed Name

Applicant's Signature

Date



Permission to Obtain a Background Check

I, the undersigned applicant (also known as "consumer"), authorize **Central Academy at Lake Park** through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Central Academy at Lake Park, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License Number: _____ State of Issuance: _____ Date of Birth: _____ Gender _____