

NAME: _____



VOLUNTEER APPLICATION PROCESS

PART 1

VOLUNTEER LETTER, APPLICATION AND
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PART 3

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BACKGROUND CHECK & CHILD
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PART 4

TB SCREENING



CHRIST CHAPEL

A C A D E M Y

703.670.3822 703-897-7905

www.christchapelacademy.org

13909 Smoketown Road
Woodbridge, VA 22192

August 2022

Dear prospective volunteer,

It is with much appreciation that I thank you for your consideration to volunteer at CCA during the 2022-2023 school year. It is friends and family like you that make our school uniquely special.

In accordance with the Association of Christian Teachers and Schools (ACTS), we are obligated to inform our volunteers of the statement that we abide by. It is as follows:

CCA faculty and staff members are responsible for overseeing student activities. They are selected based on their qualifications, demonstrated ability to mentor, and successful completion of legal and administrative checks. There is a reliance on qualified parents and other volunteers to support this effort. These volunteers are screened for their background and Christian character and are considered unpaid volunteers. Additionally, they are subject to the same legal and administrative checks as faculty. (Attachment 1, CCA Policy Manual, Appendix 16, CCA Volunteer Policy)

In order to protect our students and your children in a safe and secure environment, we require all volunteers to go through a series of steps, including a background check, application process, and interview.

This packet is intended to walk you through this process. If at any point you have questions, please do not hesitate to contact me.

Thank you again for being willing to volunteer with us at CCA. Your mentorship, leadership, love, and volunteered time are a vital support to our school community.

With appreciation,

Mrs. Ashleigh Burnette, M. Ed.
Head of School
Christ Chapel Academy
aburnette@christchapel.org



"Do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect." Romans 12:2



Christ Chapel Academy
13909 Smoketown Road
Woodbridge, VA 22192
Ph: 703-670-3822 Fax: 703-897-7905
VOLUNTEER APPLICATION



PERSONAL INFORMATION

Name: _____

Position Desired: _____ Part-time: _____ Full-time: _____

CONTACT INFORMATION

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address (print clearly): _____

Address: _____ City: _____ State: _____ Zip: _____

Em. Contact Phone: _____ Em. Contact Name: _____

Church you are currently attending: _____

Phone Number: _____ Are you a member? YES _____ NO _____

Pastor of your church: _____

1. Do you have children enrolled at CCA? Yes _____ No _____
Name(s): _____
2. Do you have a valid driver's license? Yes _____ No _____ State: _____ Driver's License#: _____
3. Have you ever been convicted of or pled no contest or guilty to any crime(s) involving or against a minor? If yes, describe in detail including type of offense, location and date. (Use backside of this application or attach separate page.)
4. Have you ever been convicted of or pled no contest or guilty to any crime(s) Yes _____ No _____ If yes, Describe each in full: _____
5. Do you have any criminal charges pending against you regarding any crime(s)? Yes _____ No _____ If yes, describe each in full: _____

CHARACTER REFERENCES – provide at least two

Name: _____

Email Address (print clearly): _____

Known how long? _____

Name: _____

Email Address (print clearly): _____

Known how long? _____

Please give a brief answer for each question on a separate sheet of paper and attach to this application.

1. Write or type out your salvation experience, giving reasons for your assurance of salvation.
2. Describe your daily walk with the Lord.
3. Why do you desire to work as a volunteer at CCA?

Our Statement of Faith

1. The Bible is the inspired and only infallible and authoritative written Word of God.
2. There is one God, eternally existent in three persons: God the Father; God the Son; and God the Holy Ghost.
3. In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, in His personal future return to this earth in power and glory to rule a thousand years.
4. In the blessed hope — the rapture of the Church at Christ's coming.
5. The only means of being cleansed from sin is through repentance and faith in the precious blood of Christ.
6. Regeneration by the Holy Spirit is absolutely essential for personal salvation.
7. In water baptism by immersion.
8. The redemptive work of Christ on the cross provides healing of the human body in answer to believing prayer.
9. The baptism in the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
10. In the sanctifying power of the Holy Spirit by whose indwelling the Christian is enabled to live a holy life.
11. In the resurrection of the saved and the lost, the one everlasting life and the other to everlasting damnation.

Appropriate attire is expected as a representation of our school and team.

Can you agree to these statements?

YES ☐

NO ☐

SWORN DISCLOSURE STATEMENT:

If accepted for this position, I will do my best to walk with the Lord and before the students of this school in a manner that will glorify Christ. I will give my energies and time to excel in my duties as a volunteer. I will wholeheartedly support the standards of the school by enforcing them and by personal example.

I have NOT been convicted of and I AM NOT the subject of pending charges for the following offenses: murder; abduction of children for immoral purposes; sexual assault; pandering; crimes against nature involving children; taking indecent liberties with children; abuse and neglect of children including failure to secure medical attention for an injured child; obscenity offenses; abuse and neglect of incapacitated adults; within the Commonwealth or any equivalent offense outside the Commonwealth. Any person making a materially false statement regarding any such offense shall be guilty of a Class I misdemeanor.

I subscribe without reservation to the Statement of Faith.

I promise that the information that I have given in this application is complete and true to the best of my ability.

Signature _____

Date _____

Return this application along with all supporting materials to the address listed on the front of the application.



Confidential – Complete this form and return hard copy to the school office.

Christ Chapel Academy – Parent Background Check Authorization



Student Name(s)	Grade:
Sibling 1:	
Sibling 2:	
Sibling 3:	
Sibling 4:	
Sibling 5:	

BACKGROUND CHECKS ARE VALID FOR FIVE (5) YEARS. TEACHERS ARE PROVIDED WITH A LIST OF APPROVED DRIVERS.

Print Name: _____

Gender/Race

Birthdate 00/00/0000

Social Security Number

Former Name(s) (if applicable): _____

Current Address: _____

Street Address

City

State Zip

Prior Address (if new to the area): _____

Street Address

City

State Zip

Telephone Number: _____ Cell Phone Number: _____

Driver License Number/State: _____

License Number

State

The information contained in this application is correct to the best of my knowledge. I hereby authorize Christ Chapel Academy and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the National Sex Offender and Multi State Criminal reports may include, but is not limited to the following areas: verification of social security number, current and previous residences: employment history, employment credit history, education background, character references: drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Christ Chapel Academy or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, form, corporation, or public agency may have to include information or data received from other sources.

I hereby release Christ Chapel Academy, the Social Security Administration and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

APPLICATION WILL NOT BE PROCESSED IF BACKGROUND CHECK FEE OF \$20.00 IS NOT INCLUDED. MAKE CHECKS PAYABLE TO CHRIST CHAPEL ACADEMY.

PAYMENTS CAN ALSO BE MADE ON THE WEBSITE WWW.CHRISTCHAPELACADEMY.ORG.

Signature: _____ Date: _____

Print Name: _____

Relationship to Student: _____



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FINGERPRINTING INSTRUCTIONS AND ONLINE CHILD ABUSE TRAINING CERTIFICATE

VIRGINIA STATE POLICE FINGERPRINT BACKGROUND CHECK

Christ Chapel Academy processes a background check on each employee as part of the hiring process. However, a more extensive criminal background check is required through fingerprinting by the Virginia State Police.

There are several UPS store locations that you can obtain your fingerprint card. Go to the following website to find a store location near you: <https://www.printscan.com/live-scan-ups-fingerprinting/> It usually requires an appointment ahead of arriving for your fingerprinting. However, these locations charge upward of \$50.00. CCA will only reimburse \$10.00 of that amount.

Prince William Police will also do the fingerprinting at a cost of \$5.00 to \$10.00. Contact a Prince William Police station near you to confirm the times they are available or visit their website at:

<https://www.pwcgov.org/government/dept/police/Pages/Fingerprinting-Services.aspx>.

You will need to present your driver license with current address and possibly another form of ID such as Military, Social Security Card, Passport or Birth Certificate. Be sure to obtain a receipt to be reimbursed for the charge.

Bring the completed fingerprint card and receipt for the cost of the fingerprinting to the school office to be processed.

If you have any questions, please contact Denise Di Filippo in the school office at 703-670-3822 X103 or ddifilippo@christchapel.org.

ONLINE CHILD ABUSE/NEGLECT CERTIFICATION

As a part of Christ Chapel Academy's accreditation policy, everyone that interacts with students is required to have a child abuse/neglect certification on file. You may complete the online training at your convenience and print the certificate at the end. The training is free and online allowing you to complete at home. The link for the website is:

http://www.dss.virginia.gov/family/cps/mandated_reporters/cwse5691/story.html



"I appeal to you brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." Corinthians 1:10

VIRGINIA DEPARTMENT OF HEALTH
REPORT OF TUBERCULOSIS SCREENING

Name _____ Date of Birth _____ Date _____

TO WHOM IT MAY CONCERN: The above individual has been evaluated by: _____
(PLEASE PRINT name of health department, facility or clinician) TB Screening and/or Testing Conclusions

I. No Symptoms nor Other Risks Identified on TB Risk Assessment

_____ A tuberculin skin test (TST) or blood test (IGRA) is not indicated at this time due to the absence of symptoms suggestive of active TB, no risk factors identified for infection or for developing active TB if infected, and has no known recent contact with active TB. Health care workers employed in a low risk facility according to CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" do not need testing.

_____ The individual has a history of TB infection. Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active TB.

If neither applies, go to section II.

If in a health-care setting that *requires* a test for TB infection but no symptoms are present, go to section III.

If one of these two statements applies, select the appropriate statement and skip to Section V and select statement 'A'.

II. Symptoms Consistent with Potential Tuberculosis are Present

Call the local health department to refer the person for further TB evaluation immediately. This notification is necessary even when the individual prefers to pursue an evaluation privately. Proceed to Section V and select statement 'B.' If there are no symptoms consistent with TB, go to Section III.

III. Testing for TB Infection – Choose TST or IGRA

Tuberculin Skin Test (TST): (record both tests if a 2-step TST was required)

Date given: _____ Date read: _____ Results: _____ mm Interpretation: ___ negative ___ positive

Date given: _____ Date read: _____ Results: _____ mm Interpretation: ___ negative ___ positive

Interferon Gamma Release Assay (TB infection blood test):

Date drawn: _____ Test done: ___ T-Spot TB ___ Quantiferon TB Gold

Result: ___ negative ___ positive ___ indeterminate ___ borderline ___ invalid

If test above is negative, proceed to Section V and select statement 'A'. If either test for TB infection is positive, proceed to