VOLUNTEER APPLICATION

LEXINGTON CHRISTIAN ACADEMY
450 West Reynolds Road, Lexington KY 40503
(859) 422-5700 www.lexingtonchristian.org

Name _____ Application Date _____
LAST FIRST MIDDLE

Address _____
CITY STATE ZIP

Email address: _____ Home Phone ( ) _____

Position _____ Sponsor _____

Will you be driving students? ○ Yes ○ No

Will you be chaperoning students? ○ Yes ○ No

Do you believe the Bible to be the inspired and infallible Word of God, our final authority in all matters of faith, conduct and truth? _____

Give your definition of a Christian: _____

_____

Are you willing to maintain a Christian lifestyle while volunteering at Lexington Christian Academy? _____

Have you ever been convicted of, or pled guilty to a crime including traffic offenses? _____

_____ _____
SIGNATURE DATE