



Makakilo Baptist Church Preschool

92-611 Makakilo Drive, Kapolei, HI 96707

Phone: (808) 672-3505 Fax: 672-5501

PRESCHOOL VOLUNTEER APPLICATION

Name: _____ 18 yrs. or older? Yes No

Address: _____, _____, _____, _____
Street, Apt. # City State Zip Code

Employment/School: _____

Education (highest level completed): _____

Days Available (please circle): MON. TUES. WED. THUR. FRI. ANY DAY

Time or Hours Available: _____ to _____ a.m. // _____ to _____ p.m. // _____ anytime

Special Notes/Requests : _____ Field Trips only; _____ As Needed; Other _____

Special Interests/Skills: _____

Relationship (if not a parent) to a child currently attending the preschool: _____
(example: grandparent, uncle, aunt, neighbor, none, etc.)

Name of Child: _____ Class: Blue Red Yellow

References (2 required; please print clearly):

Name: _____ Phone: _____, _____
Home Day/Cell

Address: _____

Name: _____ Phone: _____, _____

Address: _____

(turn over and complete on other side...)

*“Train up a child in the way he should go, and when he is old, he will not depart from it.”
Proverbs 22:6 (KJV)*

Who Do We Contact In Case of Emergency (must be completed):

Name: _____ Relationship to applicant: _____

Address: _____ Phone (Res.): _____

_____ Ph. (Day or Cell): _____

Please Give Your Current Medical Insurance Provider Information:

Medical Coverage: _____ Policy or Group#: _____

Doctor's Name & Phone Number:

_____ **PH:** _____

In the event the need for medical care for myself should occur, I give my permission to the staff members of Makakilo Baptist Church Preschool to seek emergency medical care for me. I will assume full responsibility and any costs incurred.

I will not hold Makakilo Baptist Church Preschool, its staff, participating volunteers, nor the church and its affiliates responsible for any unforeseen accidents or property loss/damage involving myself during any of the activities.

I hereby declare that the above information is true and accurate. I agree to abide by all school policies covered by the Parents Handbook by submitting any required TB Clearance Certificate, Physical Exam Form and/or a Current Criminal History Clearance prior to any volunteer work at the preschool.

Signed: _____

(Volunteer's Signature)

(Date)

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Proverbs 22:6 (KJV)*