



# PART 1: 2020-21 VOLUNTEER AGREEMENT

ONE PER VOLUNTEER PER SCHOOL YEAR

Thank you for your interest in ministering to our students, teachers, and staff. Scottsdale Christian Academy is blessed to have many parents and community members who desire to be involved in our school. Research overwhelmingly indicates that when parents and other volunteers participate in school activities, children have a higher success rate in learning and benefit tremendously. Additionally, the safety of our children is of the utmost importance. Please help us to ensure their safety by completing the following information.

<hr/>		<hr/>	
Name	SCA Connection (Parent,* Relative,* etc.)		
<hr/>		<hr/>	
Address	City	State	Zip

### SCA Student

<hr/>	<hr/>
Name and Grade	Name and Grade
<hr/>	<hr/>
Name and Grade	Name and Grade
<hr/>	<hr/>
Name and Grade	Name and Grade

Pursuant to State law (ARS 13-3716 – Criminal acts; employment with children; classification), school volunteers must not have been convicted of a dangerous crime against children. It is unlawful for a person who has been convicted of a dangerous crime against children as defined in Section 13-604.01 to fail to give notice of the fact of the conviction to schools when applying for employment or volunteering for service.

Have you ever been convicted of a felony crime against children?  YES  NO  
If yes, explain

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Have you ever been arrested, convicted, pled guilty or found guilty of a crime, misdemeanor or felony?  
If yes, explain

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When did you become a Christian? \_\_\_\_\_

Give your testimony of this experience. *(If not already on file)*

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List any gifts, training, education, experience, or other factors that relate to working with children.

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**ALL VOLUNTEER FORMS MUST BE SIGNED BEFORE SUBMITTING.**



# PART 2: 2020-21 VOLUNTEER CODE OF CONDUCT

ONE PER VOLUNTEER PER SCHOOL YEAR

## NO TEXTING ALLOWED WHILE DRIVING

1. I will sign in at the office immediately upon arrival and wear a visitor identification sticker.
2. I will faithfully discharge my volunteer duties effectively and in strict accordance with the rules and regulations established by Scottsdale Christian Academy.
3. I will make a strong and positive contribution to the school, its students, and their parents.
4. I commit to handle all interpersonal relationship issues according to the scriptural mandate found in Matthew 18.
5. I will follow both in letter and spirit the operational policies and procedures of the Board of Directors, the Superintendent, and immediate administrative supervisors.
6. I will speak positively about the school to others.
7. I will maintain appropriate confidentiality with all important school matters, including information about students, parents, SCA employees, and the general operation of the school. I will not disclose, use, or disseminate student photographs or personal information about students to others.
8. I understand that my duties as a volunteer require my full attention, and I agree not to have any other children under my care or supervision while I am volunteering.
9. I agree to not transport students without being approved by SCA. I will complete the Driver Information/Vehicle Insurance verification form.
10. I will use only adult restroom facilities.
11. I agree to never be alone with individual students.
12. I understand volunteers may not discipline students. I will make the teacher aware of any discipline problems that might arise and leave any disciplinary action up to the teacher.
13. I understand I may never dismiss a student from school. Students leaving early must receive permission from the office and be signed out before leaving.
14. I will be prompt and reliable. If I am unable to volunteer, I will inform the teacher or staff member as far in advance as possible.
15. I will maintain a clear Christian testimony in all school and community settings so that the name of Christ, the reputation of the school, students and families, and my name will not come into disrepute.
16. I will model appropriate grooming and dress standards, understanding that modesty is the overriding principle with respect to the dress code. Clothing that exposes the midriff, is low cut, showing cleavage, too short, too tight, or too revealing cannot be worn. My speech and behavior should serve as a Christian model for students to follow.
17. I acknowledge while on the SCA premises and while conducting school related activities off campus, I will not possess, distribute, sell or be under the influence of alcohol or drugs.

Violation of any of these provisions of the Code of Conduct for SCA Volunteers will jeopardize my volunteer relationship with the school and may result in significantly altering any future volunteer opportunities. The determination of who may volunteer is made solely at the discretion of Scottsdale Christian Academy Administration.

I have read, understand, and fully agree to abide by the provision of this Code of Conduct for SCA Volunteers.

**Volunteers are not permitted to begin serving until the following forms have been completed each school year and you have received confirmation from the office that you are cleared to volunteer:**

- **Part 1:** Volunteer Agreement completed
- **Part 2:** Volunteer Code of Conduct signed
- Background Check and Training Video completed
- Driver Information/SCA Vehicle Insurance Form completed
- Signed Statement of Faith, Position on Critical Issues, and Statement on Marriage, Gender, and Sexuality  
\* (If not already completed)

Print Name

Signature

Date

Email

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Scottsdale Christian Academy Vehicle Insurance  
**DRIVER INFORMATION**

**Policy Number**  
 02APA247330 2020-2021

**Use black ink and print clearly. Form must be legible.**

**OFFICE USE:**  
 Submitted to Insurance:

**Driver:**  New  Updated **Today's Date:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_  
**Purpose driving:** \_\_\_\_\_ **Teacher/Class:** \_\_\_\_\_

**SECTION 1:** Please complete all driver information fields.

**Driver Name:** \_\_\_\_\_ **Sex:**  M  F  
Must be exactly as on driver's license. Please print clearly. Must be legible.

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Driver's License No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Out of State D/L?**  Yes  No **Why?** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**SECTION 2:** Please complete all driver history questions for the past **3 years**. **Signature is required.**

1. Have you been involved in any accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Were you at fault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had any moving traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you had any company cancel or refuse to provide your auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had your driver's license revoked, suspended or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have any physical impairment other than corrective glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE:** Coverage is not bound if any questions 1-6 is answered YES.

**If you answered YES to any of the above questions, please provide full details below: Include complete explanation of the dates, amounts, posted and clocked speed, full disclosure.**

Signature Required \_\_\_\_\_

**SECTION 3:** Complete the following **Volunteer Driver Release**. Signature is required.

Make	Model	Year
Insurance Carrier	Policy Number	Expiration Date
Agent Name	Telephone	

**\*\*\* If the above information changes during the year and you continue to drive your personal vehicle, please update this form. \*\*\***

As a volunteer driver at Scottsdale Christian Academy (SCA), and using my own personal vehicle to transport SCA students, I attest that I have a good driving record, that my vehicle is in good repair and that I carry and maintain adequate insurance coverage as required by the State of Arizona of every driver owning and operating a motor vehicle.

Further, as a volunteer driver for the above-mentioned SCA event/function, I hereby recognize and acknowledge that I am fully and solely responsible for the safety, care and well-being of any and all SCA students riding in my vehicle; and that in the event of an accident or mishap of any type whatsoever involving my vehicle and SCA students, I assume the primary position for any and all liability, medical and/or other damage claim(s) that might arise.

By signing below, I understand that as a volunteer when I drive my personal vehicle on school business or for a school activity, my personal auto insurance will be primary to the insurance carried by the school. I acknowledge having read the above statement and my intent to comply with all terms and conditions thereof.

Driver Signature \_\_\_\_\_

Date \_\_\_\_\_

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