Personal ID#	Background Check	1 of 3



Volunteer Application

User ID# _____

Name:		DOB:	
Phone:	_ Email:		
Address:	City:	State:	Zip:
Emergency Contact Name:		Phone:	
Please list any physical limitations you	may have:		
What skills, work experience or training	g do you have that would be of v	-	
Are you available 1 hour/week? 🔲 Ye	es 🗌 No		
Do you need a record of your volunteer If so, please ask the LCA Administrative As record up to date and accurate.		rs. It is your responsib	ility to keep the
Do you have a date by which your hour	s must be completed? Yes	☐ No	
If yes, please write down the date in which	n your hours must be completed by	/ :	
Please tell us a little about yourself:			
How did you hear about the Literacy Co	ouncil of Alaska volunteer progr	ram?	

User ID#	_ Personal ID#	Background Check	_ 2 of 3
Please initial each state	ment to indicate your understandi	ng and agreement:	
returning the von background che submitted your	eck system. It will prompt you to fill	e an email from VeriScreen , our onlin out your information. After you've sent straight to us. Please use your fu	
	n you cannot complete the background leting it in person.	d check online, let us know and we'll sen	nd you the
	re required to keep confidential any rn while volunteering at LCA.	vinformation about someone else the	at they
to all rules; guid		e or community program are expecte program referring to them, as well as out in this form.	
All inappropriat	e behavior and sexual abuse of child	dren is strictly prohibited.	
	nd alcohol free workplace. LCA has z or for volunteers being under the ir	ero tolerance for any drug or alcoho ofluence during volunteer hours.	l use on
There is no exch	ange of labor for goods or services.		
politics, ethnicit	cy, sexual preference and any other aff members will not be tolerated.	riminatory statements regarding reli issue to customers, students, tutors, This includes verbal comments, tone	other
	acy programs. We maintain high sta	and the bookstore provides necessar ndards in both enterprises and expec	-
Manager. Gene		ninistrative Assistant or Bookstore Friday 10:00am to 5:00pm with occ ent available times.	casional
staff or a volunt considered uns be asked to leav roughhousing, o	teer supervisor, and work in design afe or inappropriate, or is not in the re the building. This includes, but is	ı have questions about the job assigı	ng which is n, you may
literature, publ		of the work you are doing to use in d a website. No fees will be paid to yo otos taken for these purposes?	
Yes No	n is change lives through literacy for people	e of all ages in Fairbanks and the Interior!	

User ID#	Personal ID#	Background Check	_ 3 of 3
	ests photos of our staff, student ur name and photo?	s and volunteers on social media. Do	you agree
Yes No			
		ea, water, and treats located at the ho nen and refrigerator is for program us	
around them. Volu		evel respectful to those learning and veir choice if wearing headphones. No ustomer service.	working
Coats and persona	items are to be kept out of pub	lic areas.	
Groups of three or	more volunteers must provide	a volunteer supervisor.	
		nied by an adult. If younger voluntee ts, LCA staff may approve work with	
Signature:		Date:	
Parent/Guardian signatu	re if under 18:		
Printed Parent/Guardian	n Name:		