



Volunteer Information Form

Required for all adult volunteers. Complete every applicable field and return the form to the VCS staff member coordinating your assignment.

1. VOLUNTEER INFORMATION | Volunteer completes

Legal First Name *	Legal Last Name *
Email Address *	

2. PROPOSED VOLUNTEER ASSIGNMENT | Volunteer and staff coordinator complete together

Use a department name suitable for Church HR (for example: Elementary, Middle School, High School, Athletics, or Preschool).

Department / Program *	Campus / Program *
Volunteer Role / Title *	Staff Coordinator *
Proposed Start Date * (MM/DD/YYYY)	Supervising VCS Employee * (Required for Group A)
Brief Description of Volunteer Duties *	

3. ROLE-CLASSIFICATION QUESTIONS | Answers 1 and 2 drive the tracker's automatic classification

1. Will this volunteer interact with VCS students as part of the assignment?

Tracker column J — Student Interaction?

☐ Yes ☐ No

2. Could interaction occur outside the immediate supervision and control of a student's parent/guardian or a VCS employee?

Tracker column K. No = Group A; Yes = Group B. Answer Yes if the volunteer may independently supervise, lead, coach, chaperone, or transport students.

☐ Yes ☐ No

3. Will this volunteer transport students in a personal or VCS vehicle?

If Yes, classify the volunteer as Group B.

☐ Yes ☐ No

4. Will this volunteer serve in the VCS Preschool or another licensed childcare program?

Preschool volunteers require separate licensing review; Group A does not automatically exempt them.

☐ Yes ☐ No

4. VOLUNTEER ACKNOWLEDGMENT

I understand that submitting this form does not authorize me to volunteer. I may begin only after VCS confirms that all applicable fingerprint, training, driving, licensing, and role-specific requirements have been completed and verified. I agree to follow VCS safety, confidentiality, professional-boundary, and mandated-reporting requirements.

Volunteer Signature: _____	Date: _____
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