



Dayspring Christian Academy Volunteer Enrollment Form 2026-2027

Please return this signed form and necessary clearances to Candace Engle, Executive Assistant/Operations Manager.

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

EMAIL _____ DATE OF BIRTH (MM/DD/YY) _____

EMERGENCY CONTACT _____ PHONE _____

EDUCATIONAL BACKGROUND _____

CURRENT / FORMER OCCUPATION _____

OTHER VOLUNTEER EXPERIENCES _____

HOBBIES / INTERESTS / SKILLS _____

VOLUNTEER OPPORTUNITIES AT DCA (Check all areas of interest)

Volunteer positions will be filled based upon need. Some Volunteer positions require special training.

___ Parent-Teacher Partner

___ Patriot Celebration Dinner

___ Office Assistant

___ Tutor

___ Classroom Aide

___ Shakespeare Days

___ Classroom Reader

___ Mailings

___ Serve for Education

___ Admissions

___ Special Events

___ Marketing

___ Remember America Speaker Series

___ Drivers

___ Pastor Appreciation Day

___ Grandparents and Special Guests Day

___ Thanksgiving Exposed

___ Sub Sale Days

AVAILABILITY

___ Flexible

___ Weekdays

___ Evenings

___ Weekends

Best days and times _____

Days/Times NOT Available _____

How did you learn of Dayspring Christian Academy? _____

MANDATED REPORTING

I have read the mandated reporter information provided by Dayspring Christian Academy. In signing this form, I affirm that the information I have given is true and correct.

Signature: _____ Date: _____.