



Volunteer Application

Thank you for your interest in volunteering with Covenant Child Care (CCC). CCC is a ministry of Franklin Covenant Church. We exist to provide compassionate child care to children in Macon County, NC. Our volunteer program is designed to give each volunteer a diverse and rewarding experience while working towards fulfilling our mission.

How do I become a volunteer?

In order to provide the best experience possible for the children and families we serve, CCC requires all potential volunteers to go through an assessment before becoming an active volunteer.

Volunteer paperwork takes two weeks to process and approve, after which you will receive a letter from the NC Division of Child Development that you have been qualified to volunteer or work with children at our center.

Why do I need a background check?

Due to the nature of our work with children, our staff and volunteers complete a criminal background check every three years. CCC does not employ or utilize volunteers who have been convicted of a crime that victimizes children, is sexual in nature, involves violence, fraud, significant theft, alcohol or illegal drugs.

Who do I contact with questions?

Our team is happy to answer any questions or address any concerns you may have:

- Program Director, Stephanie Campbell
 - Email: stephanie@covenantchildcare.net
 - Phone: (828)524-5664

How do I submit my application?

Please complete and submit the forms in this packet to our office via fax, USPS, email or personally deliver to:

Mail: Covenant Child Care
POB 1710
265 Belleview Park Road
Franklin, NC 28744

Email: stephanie@covenantchildcare.net

FAX: (828)575-5277

Privacy and Protection of Information:

Security of information is extremely important to us. All information submitted is available and accessed by only relevant personnel. Information is never sold or shared outside of Franklin Covenant Church and Covenant Child Care.

Franklin Covenant Church

Volunteer Application

Name: _____

Please note that all volunteer opportunities require completion of this application and a signed Conflict of Interest and Ethics Statement. Volunteers are also required to successfully complete training relevant to the desired opportunity. In addition, select opportunities require a criminal background check performed every three years at the expense of the volunteer.

Personal Information

Name:

First

Last

Address:

Street:

City, State, Zip Code:

County:

Date of Birth:

Phone:

Home:

Cell:

Email:

Employment Information or School Affiliation

Employer/School

Address:

Street:

City, State, Zip Code:

County:

Date of Birth:

Phone:

Work Phone:

May we contact you at work? Yes/No

Position with your employer or major concentration:

Would your company be interested in becoming involved with Franklin Covenant Church/Covenant Child care?

Franklin Covenant Church

Volunteer Application

Name: _____

Emergency Contact Information

Emergency Contact: _____

Name: _____

Phone: _____

Work

Cell

Relationship to applicant: _____

Professional Skills:

☐

Construction/Carpentry

Please specify:

☐

Graphic Design/Art Design

Please specify:

☐

Language

Please specify:

☐

Photography

☐

Professional Certifications

Please specify:

☐

Scrapbooking

☐

Writing

☐

Cooking

☐

Music/Voice

Please Specify:

☐

Power Point/Audio Visual

☐

Cleaning/Janitorial

☐

Other:

Franklin Covenant Church

Volunteer Application

Name: _____

Personal References

1. Name: _____

Phone: _____

Work: _____

Cell: _____

Relationship to applicant: _____

2. Name: _____

Phone: _____

Work: _____

Cell: _____

Relationship to applicant: _____

3. Name: _____

Phone: _____

Work: _____

Cell: _____

Relationship to applicant: _____

4. Name: _____

Phone: _____

Work: _____

Cell: _____

Relationship to applicant: _____

Franklin Covenant Church

Volunteer Application

Name: _____

Volunteer Opportunities:

☐

Fundraising – Assist development team in seeking in-kind donations, write grants and or/sponsorship proposals, collaborate to build partnerships with local companies, or conduct research on local companies' giving campaigns.

☐

Office – Assist with miscellaneous projects at the office, including phone calls, mailings, filing, typing.

☐

Special Events – Plan, organize, and implement successful fundraising events or parent engagement events, working on event committees, helping out on the event day and/or participating in the event.

☐

Parent/Child Engagement – Meet with children and parents, help execute individualized education plans. Act as a liaison between family and teachers. Must be a minimum of 18 years old.

☐

Child Care Provider – Provides care for children 2-5y old. Requires some orientation and training as well as preservice requirements of criminal background check, and TB Test. Minimum age 15 years.

In a few words, describe yourself and what motivated you to volunteer at this time in your life:

Franklin Covenant Church Volunteer Application

Name: _____

What are you looking to get out of this volunteer experience?

How did you hear about our organization?

I affirm that the information I have given on this form is true and correct. The information that I have provided may be verified by contacting persons or organizations named in this application, or by conducting a criminal background check.

I have read and understood the various volunteer roles and am able to perform those roles in which I've applied for. I am volunteering my time for personal reasons and understand I will be paid for my services as a volunteer and I expect no compensation. I understand that this application will help in determining the best fit of my skills for Franklin Covenant Church and Covenant Child Care.

Signature: _____ Date: _____

Print: _____



Pre-Service Employment Requirements

Health and Criminal Records

Description	Cost	Complete Necessary Forms
Local Background Check		
Clerk of Court Office Macon County Courthouse Downtown Franklin	No fee – Tell the Clerk’s office local background check for NC Dept. of Child Development	Criminal Record Search – Form given at Clerk’s office.
LIVE Scan Fingerprinting		
Macon County Sheriff's Office Law Enforcement Center 1820 Lakeside Drive Franklin, NC 28734 Phone: (828) 524-2811	\$5 check or money order made payable to “Macon County” AND \$26.50 Register www.ncchildcare.net Wed and Thu ONLY 8:30AM-12:30PM	2 Forms Needed State Bureau of Investigation “Electronic Fingerprint Submission Release of Info.” AND “Applicant” Info Form
Medical (TB & Medical Summary)		
Health Dept. 1830 Lakeside Drive Franklin, NC 28734 Phone: (828) 349-2081	Appointment may be required. Go to the Health Dept. to inquire.	Tuberculin (TB) Test (Day One) Initial Medical Summary



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



GREGORY S. MCLEOD
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my fitness to be a child care provider/employee, or other household member of a child care program regulated by the Department of Health and Human Services, Division of Child Development and Early Education pursuant to N.C.G.S. §§NCGS 114-19.5, 110-90.1 to 110-91.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant's Name _____ DOB _____
(Please print name clearly – as it appears on your photo Identification Card you will present to Agent)

Date _____ Applicant's Signature _____

Parent/Legal Guardian's Signature if applicant is under age 18 _____

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Date _____ Agency Authorized Official's Signature (or Applicant)

Stephanie Campbell

Printed Name Stephanie Campbell

Address 265 Bellevue Park Rd., POB 1710, Franklin, NC 28744

Phone Number 828-524-5664

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the SBI/Criminal Information and Identification Section.

Date _____ Signature of Official Taking Fingerprints _____

Agency Seal/Certification _____

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

THE NAME ON YOUR FINGERPRINT CARD MUST MATCH WITH THE OTHER ITEMS SUBMITTED TO THE DIVISION.



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



INSTRUCTIONS: COMPLETE AND GIVE TO OFFICER ADMINISTERING FINGERPRINTING
APPLICANT INFORMATION

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Employer and Address: DOCD, 2201 Mail Service
Center, Raleigh, NC, 27699-2201

Sex: Male _____ Female _____
(Circle Appropriate Box)

Race: _____
(Write the appropriate letter in the space provided)

W - White, B - Black, I - American Indian,
A - Asian or Pacific Islander, U - Unknown

Height: _____

Weight: _____

Eye Color: _____
(Write the appropriate letters in the space provided)

BLK - Black GRY - Gray MAR - Maroon
BLU - Blue BRO - Brown GRN - Green
HAZ - Hazel PNK - Pink XXX - Unknown

Hair Color: _____
(Write the appropriate letters in the space provided)

BAL - Bald BLK - Black BLN - Blond or strawberry
BRO - Brown GRY - Gray or partially
RED - Red or Auburn SDY - Sandy

Reason Fingerprinted (Must indicate one):

State Check Only _____ (Over 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-2

State and Federal Check _____ (Less than 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-1 to 110-91

Social Security Number: _____
(*Optional)

Your Case NO. (OCA): DOCD000000

Type of Transaction: NFUF _____

NC FP Card Type: CCP _____

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

Covenant ChildCare d/b/a Franklin Covenant Church

Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

Evidence of tuberculin test:

Type of test _____ **Date given** _____

Results ☐ Negative ☐ Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number

Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

NAME _____
Last First Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

TO BE COMPLETED BY THE PHYSICIAN:

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental and physical health of our employees.

Does this applicant have any physical condition which would limit their work with children? If yes, please describe: _____

Is this applicant currently under treatment which would preclude their work with children? If yes, please describe: _____

Is this applicant currently under treatment for any specific condition? If yes, please describe: _____

Is this applicant currently taking any medication that would affect his/her work with children? If yes, please describe: _____

In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis? _____

Date of Examination

Signature of Physician

Phone Number

Address