

Volunteer

School Year: _____

Union Pointe Academy truly appreciates the support and time of our parents. Without your help, we would not be able to offer many of the activities and programs to our students. Therefore, we are requesting that you fill out this form to let us know which activities, days and times you are able to volunteer.

Important: Any parent and or grandparent wishing to volunteer within the UPA campus or chaperone any UPA-sponsored field trip/elective, will be required to have an updated background check on file with the UPA office. (see page 2)

Student's First & Last Name

Grade

Volunteer's Full Name

Volunteer's Phone

Relationship to Student

Volunteer's Home Address

Volunteer's Email

Best Day(s) & Time(s) your available to volunteer:

Please list or describe how you are willing/able to serve:

(such as: field trips, fundraising, special electives, event planning, skills/talents, etc)

Parent (Print Name)

Parent (Signature)

Date

Volunteer (Print Name)

Volunteer (Signature)

Date

UNION POINTE ACADEMY
 PO Box 1079
 Union, KY 41091
 859-538-3927

Criminal Background Check

School Year: _____

Dear Union Pointe Academy Parents and Volunteers,

The State of Kentucky requires that any parent or volunteer, working with students and/or accompanying students on a field trip, have a Criminal Background Check completed. This background check will be valid for three (3) years. To ensure that you can participate in field trips and volunteer opportunities, please completely fill out the request form. We are asking for a \$10 to offset KY State processing fees. Cash or checks made out to Union Pointe Academy can be returned to the school along with your volunteer and background check application.

Fields marked with * are required fields. **PLEASE PRINT CLEARLY**

List all children attending UPA*		
Relationship to Student*		
First Name*	Middle Name*	Last Name*
Maiden/Alias (separate each name with a comma)		
eMail		Phone Number
SSN*	DOB*	Driver's License Number
Home Street Address*		
City*	State*	Zip Code*

Thank you for your willingness to share your time and talents with the students of UPA! We couldn't be all we hope to be without you! By filling out this form you are helping to ensure we do all we can to meet the needs of our students in a safe and healthy way!