



Christian
Central
Academy

**Volunteer/Chaperone
Acceptance of Responsibility Form
Day Trip**

I, _____ understand and agree with the following conditions concerning services performed by me as a volunteer at CCA.

As a volunteer, I accept responsibility for providing prudent care and careful guidance for the children directly under my supervision for the field trip dated ___ / ___ / ___.

I represent to my knowledge I am in good health and suffer no physical or mental impairment that should prevent my participation in these volunteer activities. I understand a background check may be conducted by the school and I may be asked to submit a copy of my driver's license.

Signature of volunteer _____ Dated ___ / ___ / ___

Signature of Supervising Teacher _____ Dated ___ / ___ / ___

Signature of Head of School _____ Dated ___ / ___ / ___

Contact numbers: Volunteer

Cell Phone _____

Home Phone _____

Email _____

If you have any questions or concerns please contact the CCA office at 634-4821.