



VOLUNTEER/CHAPERONE APPLICATION FORM

Please complete this form and submit it to the DIA Admin office located at 6504 Church St. Suites 1 and 2 with the required original background clearances, confidentiality agreement and mandated reporter certificate for approval. Once all documents have been received, reviewed and verified you will receive an authorization letter. If you are not cleared for any reason you will be notified by our parent liaison.

****Please Print Clearly****

Name: _____

Address: _____

Phone: _____

Email: _____

Building you wish to volunteer in:

____ Church Street Campus

____ Main Street Campus

____ West Fayetteville

Your signature below indicates that you have read and understand DIA's volunteer policy and administrative procedures and agree with the terms.

Volunteer Signature: _____

Date: _____

Your signature below indicates that you have verified the original clearance and supporting documents and have attached copies.

Principal or Designee Signature: _____

Date: _____

Administrative Approval (For Office Use Only)

____ Background Check ____ Mandated Reporter Certificate ____ Training

Admin Name: _____ Admin Signature _____ Date: _____

Last Updated 8/2025