

STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

	To be completed by student volunteer - PLEASE PRINT OR TYPE	
	Name:	Student Number:
	Address:	
4	Phone:	Emergency Phone:
E	Grade Level:	Social Security Number:
PART	Usual Method of Transportation:	
• •	Student Pledge: I agree to fulfill the duties and time commitments as listed in the agency job description including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the roles and procedures of the age which I am volunteering.	
	Student Signature:	Date:
	To be completed by agency volunteer coordinator/director or individual supervising the project - PLEASE PRINT OR TYPE	
	Name of Agency:	
	Address:	
	Phone:	Operating Hours:
	Contact Person:	
74.14	Title/position:	
3	Days and hours scheduled for the student Volunteer:	
	Brief description of the job(s) to be performed by the student:	
	Certificate of Insurance on file:	
	Contact Person Signature:	Date:
	To be completed by parent/guardian - PLEASE PRINT OR TYPE	
		to serve as a volunteer for the agency/project indicated
	above on the stated days and for the stated hours.	
ΑΙ Ο	I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not recieve monetary compensation for his/her services.	
- 4	We have accident insurance with	(name of insurance company) which will
₾	cover my son/daughter/ward in the event injury of while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury mu son/daughter might suffer while participating in this activity. If an change occurs in the policy, it is my	
	responsibility to notify the school's principal or Student Volunteer Service Program coordinator.	
	Describe Consulting Circumstance	Data
	Parent/Guardian Signature:	Date:
	To be completed by Student Volunteer Service Program Coordinator - PLEASE PRINT OR TYPE	
PART D	For hours to be awarded in an attempt to earn a Silver Cord, the Commitment Service Application and Approval Form m completed and submitted to the school's Student Volunteer Program Coordinator at least 10 school days prior to the startin of the activity described in Bart B.	
Student Volunteer Service Program Coordinator Signature:		
	Date Received::	Date Approved:
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