

STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

| | To be completed by student volunteer - PLEASE PRINT OR TYPE | |
|---|---|--|
| | Name: | Student Number: |
| | Address: | |
| 7 | Phone: | Emergency Phone: |
| | Grade Level: | |
| AR | 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 agency at 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: | Company 501.c3 Number: |
| | Address: | |
| | Phone: | |
| ۵ | Contact Person: | |
| Y | Title/position: | |
| F A | 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 | |
| | I give permission for | to serve as a volunteer for the agency/project |
| | | |
| ر | I understand that he/she will be making a valuable and needed contrib not recieve monetary compensation for his/her services. | oution to our community. I also understand that he/she will |
| | | |
| 2 | We have accident insurance with cover my son/daughter/ward in the event injury of while engaging in th | (name of insurance company) which will nis activity. I will assume responsibility for expenses incurred |
| | the result of any injury mu son/daughter might suffer while participating in this activity. If an change occurs in the policy, it is y responsibility to notify the school's principal or Student Volunteer Service Program coordinator. | |
| | my responsibility to notify the school's principal or Student volunteer S | service Program coordinator. |
| | Parent/Guardian Signature: | Date: |
| | | |
| To be completed by Student Volunteer Service Program Coordinator - PLEASE PRINT OR TYPE | | LEASE PRINT OR TYPE |
| | For hours to be awarded in an attempt to meet the Service Learning Graduation Requirement or to earn a Silver Cord the Applicat | |
| and Approval Form must be completed and submitted to the school's Student Volunteer Service Program Coordinator. It this is done prior to starting the activity described in Part B. | | Student Volunteer Service Program Coordinator. It is best if |
| | this is done prior to starting the activity described in Part B. | |
| N | | |
| | Student Volunteer Service Program Coordinator Signature: | |