

STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

To be completed by student volunteer - PLEASE PRINT (OR TYPE
Name:	Student Number:
Address:	
Phone:	
Grade Level:	
Usual Method of Transportation:	
	mitments as listed in the agency job description including training sessions and mmitments. I also agree to adhere to the roles and procedures of the agency at
Student Signature:	Date:
To be completed by agency volunteer coordinator/dire	ector or individual supervising the project - PLEASE PRINT OR TYPE
Name of Agency:	Company 501.c3 Number:
Address:	
Phone:	
Contact Person:	
Title/position:	
	student:
Certificate of Insurance on file:	
Contact Person Signature:	Date:
_	
To be completed by parent/guardian - PLEASE PRINT O	IR TYPE
I give permission for	hours. to serve as a volunteer for the agency/project
indicated above on the stated days and for the stated	hours.
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.	
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.	
Parent/Guardian Signature:	Date:
To be completed by Student Volunteer Service Program	n Coordinator - PLEASE PRINT OR TYPE
For hours to be awarded in an attempt to meet the Serv	rice Learning Graduation Requirement or to earn a Silver Cord the Application d to the school's Student Volunteer Service Program Coordinator. It is best if

Date Approved: _

Student Volunteer Service Program Coordinator Signature: _____

Date Received::_