

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:	
	nmitments as listed in the agency job description including training sessions and ommitments. 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:	
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 C	DR 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 receive 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 of injury while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury my son/daughter might suffer while participating in this activity. If a 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	m Coordinator - PLEASE PRINT OR TYPE
	vice Learning Graduation Requirement or to earn a Silver Cord the Application at the school's Student Volunteer Service Program Coordinator. It is best if Part B.

Date Approved: _

Student Volunteer Service Program Coordinator Signature: _____

Date Received::_