

Student School Volunteer Information

(This form gets turned in for the school to keep.)

Name: _____ E-mail: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Age: _____ 11-18 years Gender: Male ^ Female Birth Date: _____

Parent(s) Name: _____

Parent(s) Work Phone: _____ Cell Phone: _____ Home Phone: _____

School student attends: _____ Grade: _____

Availability/Interests

I would like to volunteer: ^ once a month ^ once a week ^ more than once/week ^ for special events/as needed

I would like to volunteer: ^ Weekday Mornings ^ Weekday Afternoons ^ Evenings ^ Weekends

I would like to volunteer as a: *Mark all that interest you; those with an asterisk (*) requires fingerprinting*

^ classroom assistant ^ office assistant ^ guest speaker ^ special events planner/helper ^ tutor

^ to__Plea1(PI)324.483(e r)-2(et)-i 14aresi.Tw 1_

PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIANS
PERMISSION FOR MINOR TO PARTICIPATE AND CONSENT FOR EMERGENCY MEDICAL
TREATMENT

Full Name and Address -Of Parent /or Legal Guardian:

Name _____ Phone _____

Residence Address _____

Business Address _____ Phone _____