



# STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

*To be completed by student volunteer - PLEASE PRINT OR TYPE*

**PART A**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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*

**PART B**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Operating Hours: \_\_\_\_\_

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 OR TYPE*

**PART C**

I give permission for \_\_\_\_\_ 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 injury of 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 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 Coordinator - PLEASE PRINT OR TYPE*

**PART D**

For hours to be awarded in an attempt to meet the Service Learning Graduation Requirement or to earn a Silver Cord the Application and Approval Form must be completed and submitted to the school's Student Volunteer Service Program Coordinator. It is best if this is done prior to starting the activity described in Part B.

Student Volunteer Service Program Coordinator Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_