

Student Volunteer Application (for use by students in grades k-12 only)

To Be Completed by Student				
Today's Date	☐ Male ☐ Female	Date of Birth		
Full name	middle	Local		
first Address		last		
City		State	ZIP_	
E-mail				
Phone #				
Current School				
Parent/Guardian Name		Ph	one #	
School(s) where I wish to volunteer(Please note: If you plan to volunteer only Volunteer activities (ex: mentoring, read	y at your own school,	you do not need	to complet	te this form).
All information in this application is accurated on volunteers to be responsible and act at volunteer assignment in a responsible may volunteer privileges can be taken away approved volunteers may be released to capproval status for school activities.	ppropriately. I will arriv nner. I agree to follow y if my behavior does r	ve at the designate the instructions o not meet district st	ed day and of teachers of candards. I u	time and will fulfill my or supervisors and know that understand that names of
Manual signatures are required for this for	m.			
Applicant signature	signatureDate			
To Be Completed by Parent/Guardian o	f Student			
lue I give my permission for this student to	volunteer in Clover Pa	rk School District.		
Parent/guardian signature (if applicant	is under 18)			
Date				
To Be Completed by Principal or Counse	elor at Student's Curr	ent School		
☐ I would recommend this student as a vo				
Signature of Principal or Counselor				
Printed Name			_ Date	
Please return completed form to the school officompleted form to: Clover Park School District,				· ·
Office Use Only ☐ Approved ☐ Denied ☐ Restricte	ed			
Signature	Date			