

ESCAMBIA COUNTY PUBLIC SCHOOLS
STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

School: Booker T. Washington High School

Part A: To be completed by the student volunteer. Please **Print or Type** information.

Name: _____

Student Number _____ Grade Level: _____

Address: _____

Telephone Number: _____

Student Pledge:

I agree and understand that I must:

- A. Volunteer according to the guidelines written in the Volunteer Book and information obtained from the guidance counselors and or principals.
- B. Record DAILY volunteer experiences in the Volunteer Book.
- C. Obtain signature of person who is supervising the activities.

I agree to adhere to all rules and abide by the procedures of the agency for which I will provide voluntary service.

Student Signature: _____ Date: _____

Part B: To be completed by the parent/guardian. Please **Print or Type** information.

- A. I agree and understand the Student Pledge.
- B. I give my permission for (name of child) _____
to serve as a volunteer for the above agency/project.
- C. I understand that he/she will be making a valuable and needed contribution to our community. I also understand he/she will not receive monetary compensation for his/her services.

Signature of Parent/Guardian: _____

Date: _____