



Student Volunteer Form

(Non-Universal School students must be in high school or age 14 and higher)

Parent/Student

Student Name: _____ DOB: _____ Date: _____

Student Address: _____

Parent 1 Name: _____ Parent 2: _____

Home Telephone: _____ Cell phone: _____

Emergency Contact Name & Number: _____

List any allergies: _____ Grade Level _____

Date(s) of Volunteering Request: _____

Teacher

Teacher Volunteering Under: _____

List duties to support teacher:

Would request for future volunteering in your classroom? Y N

If no, explain why: _____

Total Hours of Estimated Volunteering: _____

Administration

Did student respect and adhere to school policies? Y N

If no, explain: _____

