

- Added to database
- Parental Permission

Date: _____

Student Volunteer Application



Student Contact Information

Name	
Street Address	
City/State/ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	
Parent's Name(s)	
Parent's E-Mail Address	

Student School Information

School	
Current Grade	
Date of Birth	
Age	

Community Service

Are you here to fulfill a community service requirement? Yes _____ No _____

National Honor Society _____ Civics _____ Graduation requirement _____ Religious _____ Other _____

Availability

Indicate days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
School Year						
Summer						

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including knowledge of foreign languages.

Please fill out other side

Previous Volunteer Experience

Summarize your previous volunteer experience.

Confidentiality Agreement

As a volunteer at Neighbor to Neighbor, I will respect the confidentiality and privacy of clients and other volunteers to whom I come in contact with at any time.

Signature: _____ **Date:** _____

Parental Consent and Release from Liability for a Minor

1. I acknowledge that my child _____ has my permission to participate in the Neighbor to Neighbor ("NtoN") volunteer program. I understand that as a volunteer he/she will not be paid for services, will not be covered by medical or other insurance provided by Neighbor to Neighbor, and will not be eligible for any Workers' Compensation benefits.
2. I consent to the unrestricted use by NtoN and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of my child. _____ YES _____ NO
3. I give consent for my child to participate in local area donation pick-ups, traveling by NtoN van, accompanied by a NtoN staff member and at least one other volunteer and/or staff member.
_____ YES _____ NO

Name (printed)		
Signature		
Date		
Phone	Home:	Cell:

Person to Notify in Case of Emergency

In the event of any emergency, if I cannot be reached, the following person is authorized to act on my behalf.

Name	
Home Phone	
Cell Phone	
E-Mail Address	

Our Policy

It is the policy of Neighbor to Neighbor to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for donating your time to Neighbor to Neighbor.