



STUDENT VOLUNTEER APPLICATION

*Thank you for your interest in volunteering at Neighbor to Neighbor!
All information provided on this form will be kept confidential.*

Student Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile #: _____ Home #: _____

Email: _____

School: _____

Current Grade: _____ Date of Birth: _____ Age: _____

Parent Information

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Community Service: Are you volunteering to fulfill a community service requirement? Yes No

If yes, please indicate: National Honor Society Civics Graduation Religious Other

Are your hours court-mandated? Yes No

Availability: Please indicate times available for each day of the week during the school year and the summer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
School Year	N/A	N/A			N/A	
Summer						



Specials 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.

Confidentiality Agreement

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

Student Volunteer Signature: _____

Print Name: _____ 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 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 Neighbor to Neighbor 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 Neighbor to Neighbor van, accompanied by a Neighbor to Neighbor staff member and at least one other volunteer and/or staff member.
____ YES ____ NO

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

Mobile #: _____ Home #: _____

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: _____

Mobile #: _____ Home #: _____

Email: _____