Excellence in Education

St. Lucie Public Schools

9461 Brandywine Lane
Port St. Lucie, FL 34986
Phone: 772.429.5502

Youth Volunteer Application

Name_____D.O.B_____

Address_____City_____Zip_____

Name of Parent/Guardian _____Phone No. _____

Name of School Attending_____Homeroom _____Gr_____

Student Volunteer Opportunities

- ☐ *Committee Member*
- ☐ *Media Center Assistant*
- ☐ *Office Assistant*
- ☐ *Peer Mentor*
- ☐ *Safety Patrol*
- ☐ *Special Activities*
- ☐ *Student Council*
- ☐ *Teacher Assistant*
- ☐ *Other_____*

Dear Parents,

Your child has expressed an interest in becoming a volunteer for the above opportunities. He/she will be trained in the procedures, techniques and responsibilities required to be an effective volunteer. Your son/daughter will always be under the supervision of a staff member. In order for each student to volunteer, he/she must have parent, teacher and principal (of school volunteer currently attends) approval. Please sign the bottom of this completed application and return it to your child's teacher.

Thank you for your support.

_____
Parent's Signature Date

_____
Teacher's Signature Date

_____
Guardian's Signature Date

_____
Principal's Signature Date

_____
Relationship to Minor

FOR OFFICE USE ONLY:

School/Volunteer Site _____Coordinator_____Date _____

Orientation/Training Date_____ Statement of Understanding Date_____

VOL0008