Volusia County Schools

Youth Partnership Program Agreement

Volunteer/Partnership Programs

PLEASE PRINT LEGIBLY

Submit the completed form to your school prior to volunteering.

STUDENT INFORMATION: (To Be Completed by Student)

NAME: _____ STUDENT ID: _____

ADDRESS: _____
Street City Zip

SCHOOL: _____ HOME/CELL PHONE: (_____)_____

PARENT/GUARDIAN'S NAME: _____PARENTS' DAYTIME PHONE: (_____)_____

CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATION YEAR: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

❑ YES ❑ NO I have attended volunteer training by my Youth Partnership Program (YPP) Coordinator.

I agree to fulfill the duties and time commitments as listed in the organization's volunteer job description, including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules of the organization for which I will be volunteering and to abide by the procedures, including any record keeping required to maintain the confidentiality of organization and client information.

➔ **STUDENT'S SIGNATURE:**_____ **DATE:** _____

ORGANIZATION INFORMATION: (To Be Completed by Organization's Supervisor of Student Volunteers)

NAME OF ORGANIZATION/AGENCY/SCHOOL PROJECT: _____

ADDRESS: _____
Street City Zip

CONTACT PERSON: _____TITLE/POSITION: _____
(Contact person must verify the volunteer's hours and the quality of the volunteer's work.)

PHONE: _____E-MAIL: _____

OPERATING HOURS: _____ WEBSITE: _____

COMMUNITY SERVICE SITE: _____

VOLUNTEER JOB DESCRIPTION: _____

➔ **CONTACT PERSON'S SIGNATURE:** _____ **DATE:** _____

PARENT OR GUARDIAN INFORMATION: (To Be Completed by Parent or Guardian)

I have read and fully understand the volunteer job description above and know the expectations for my son/daughter and hereby request and approve that _____ participate in the Youth Partnership Program. I understand and hereby give my approval for my son/daughter to participate in volunteer activities of the Youth Partnership Programs that take place on or off school property, during or after school hours. When volunteering through the Youth Partnership Program, I understand that I am totally responsible for my son/daughter's participation and transportation. I, for the above named student and/or undersigned, hereby release from all liability and agree not to sue the School Board of Volusia County, its employees, or agents for any and all loss or damage, and any actions, claims, demands, costs, or expenses therefore, which the above named student or I may have arising out of or which are in any way connected with my son/daughter's participation in the Youth Partnership Program, including transportation to and from the activity.

➔ **SIGNATURE OF PARENT/GUARDIAN:**_____ **DATE:** _____

➔ **SCHOOL BASED YPP COORDINATOR:** _____ **RECEIVED DATE:** _____