



REQUEST TO VOLUNTEER
SUBMIT TO YOUR GUIDANCE OFFICE WHEN COMPLETE.
PLEASE KEEP A COPY FOR YOUR RECORDS.

The below must be signed and returned to the guidance office BEFORE student participates in the Community Service Program.

Section A *(to be completed by student)*

Student Name: _____ **ID:** _____ **LHS / FHS**

Email Address: _____ **Grade:** ____ **Year of Graduation:** _____

Section B *(only to be completed by Agency Personnel if Agency not listed on BASD website at bit.ly/BASDCommServiceHome)*
AGENCY MUST COMPLETE ATTACHED RUBRIC

Name of Agency: _____ **Phone No.** _____

Supervisor Name: _____ **Title:** _____

Email: _____

Check one: ____ **501(c)(3)** ____ **PA Non-Profit** ____ **School** ____ **Government Agency** ____

Please provide documentation.

Description of student service opportunity: _____

Description of population student will work with: _____

Would you like to be added to our agency list on the BASD website? Yes ____ No ____

I agree that all information on this sheet is accurate to the best of my knowledge and have reviewed the attached guidelines for appropriate student volunteer activities.

Agency Supervisor Signature
Name: _____
Date: _____

Section C *(to be completed by student and parent/guardian)*

I, _____, agree as follows:

- To submit all required BASD Community Service Program paperwork, including required parental/guardian waivers, prior to participating in the Program.
- To record all hours accurately for each day and have the time sheet verified by the agency site supervisor.



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- To reflect on my experience by completing the journal.
- To be punctual and reliable.
- To dress appropriately for the volunteer work.
- To maintain a professional attitude at all times.
- To inform my guidance counselor of any work-site problems and community service issues

Student Signature

Date: _____

I have had the opportunity to review the information above and/or have this information explained to me prior to signing below. I have been given the opportunity to ask questions and all of my questions have been answered. By signing below, I acknowledge that the Bethlehem Area School District does not confirm the accuracy of nonprofit agency information provided to me by the District, including but not limited to nonprofit status, maintenance of child abuse clearances and criminal background checks for employees and/or volunteers, insurance coverage, and/or whether alcoholic beverages are served at nonprofit events. I further acknowledge that the Bethlehem Area School District does not monitor, oversee, direct, or supervise the nonprofit agency at which my student volunteers. I further understand and acknowledge that my son/daughter may be volunteering with an agency involving events at which alcoholic beverages may be served. I hereby and forever release, waive, discharge, and covenant not to sue the Bethlehem Area School District, its representatives, officers, employees, agents, volunteers, contractors, and/or assigns from liability from any and all losses, liability, costs and expenses (including reasonable attorneys' fees) arising directly or indirectly from my student's participation in the BASD Community Service Program.

Parent/Guardian Signature: _____
Name: _____

Date: _____