

Student School Volunteer Information

(This form gets turned in for the school to keep.)

Name: _____ E-mail: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Age: _____ 11-18 years Gender: Male Female Birth Date: _____

Parent(s) Name: _____

Parent(s) Work Phone: _____ Cell Phone: _____ Home Phone: _____

School student attends: _____ Grade: _____

Availability/Interests

I would like to volunteer: once a month once a week more than once/week for special events/as needed

I would like to volunteer: Weekday Mornings Weekday Afternoons Evenings Weekends

I would like to volunteer as a: *Mark all that interest you; those with an asterisk (*) requires fingerprinting*

classroom assistant office assistant guest speaker special events planner/helper tutor

mentor* other _____

Health Information

Who should we contact in case of emergency?

Name: _____ Relationship to you: _____

Telephone: _____
home work mobile

Do you have any injuries, illnesses, or physical limitations we should be aware of? If yes, please describe.

Are you taking any medication we should be aware of in the event of emergency?

Do you currently have any contagious or infectious diseases? Yes No

If yes, you must provide a doctor's statement verifying that you can work with the public.

Have you been exposed to TB? If yes, explain: _____

I, _____ parent of the above named student, give permission for my child to provide volunteer services to _____ school.

Please return volunteer forms to:

School Volunteer Coordinator

Parent/Legal Guardian Signature

Date

PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIANS
**PERMISSION FOR MINOR TO PARTICIPATE AND CONSENT FOR EMERGENCY MEDICAL
TREATMENT**

Full Name and Address -Of Parent /or Legal Guardian:

Name _____ Phone _____

Residence Address _____

Business Address _____ Phone _____

Other Emergency Phone Number (specify) _____

Full Name of Minor _____ Phone _____

Date of Birth: _____ Student # _____ Race: _____ Sex: _____

I, _____, hereby give permission for _____
(Print name of parent or legal guardian) (Print name of minor)

to participate as a volunteer in Duval County Public Schools. I, _____
(Parent or legal guardian)

further consent that Duval County Public Schools may obtain necessary emergency medical treatment and/or transportation for
_____ in the event of accident, injury or sudden illness while said minor is engaged
(Print name of minor)

in volunteer activities with Duval County Public Schools at my sole expense.

Further, I release the Duval County School Board (DCSB), its Board and employees, from and against any and all liability for any harm, injury, damage, claims, costs and expenses of any nature that I or my child may have or that may accrue to me or my child, arising out of my child's volunteer activities.

SIGNATURE _____ DATE _____
(Parent, guardian or legal custodian)

Said minor has the following special medical conditions (including allergies): _____

Said minor currently takes the following medications (prescription or otherwise): _____

Physician's Name and Address: _____

Physician phone: _____ Date of Last DPT or Tetanus: _____

Insurance Coverage: _____