



## Student Volunteer Permission Form

NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

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TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE YOU WILL VOLUNTEER \_\_\_\_\_

**I understand that to volunteer on campus I must adhere to the following:**

- **Get approval at least one week in advance**
- **No cell phone use on campus**
- **I must sign in , in the front office before going to the classroom**
- **Appropriate dress is required - slacks and top (no jeans, spandex, shorts)**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date