

Lake Washington School District

Office Use Only ID# _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> Restricted
Signature _____	Date _____

Student Volunteer Application

Today's Date ____/____/____

To Be Completed by Student

Male Female Date of Birth ____/____/____

Full name _____
first middle last

Address _____ City _____ State _____ ZIP _____

E-mail _____ Phone # _____

Current School in LWSD _____

Parent/Guardian Name _____ Phone # _____

School(s) where I wish to volunteer _____

Volunteer activities (ex: mentoring, reading help, math help, tutoring, etc.) _____

All information in this application is accurate to the best of my knowledge. I know that students and schools depend on volunteers to be responsible and act appropriately. I will arrive at the designated day and time and will fulfill my volunteer assignment in a responsible manner. I agree to follow the instructions of teachers or supervisors and know that my volunteer privileges can be taken away if my behavior does not meet district standards.

Applicant signature _____

Date _____

To Be Completed by Parent/Guardian of Student

I give my permission for this student to volunteer in Lake Washington School District.

Parent/guardian signature (if applicant is under 18) _____

Date _____

To Be Completed by Principal or Designee at Student's Current School

I would recommend this student as a volunteer.

Signature of Principal or Designee _____

Printed Name _____ **Date** _____