

Student Volunteer Application (For use by students in grades K-12 only)

Of	(Circle one)	-
Approved	Denied	Restricted
0'		Data

Today's Date/_	/		
To Be Completed	by Student		
☐ Male	Date of Birth	//	
☐ Female			
Full Name	First		
			Last
Address			State Zip
E-Mail		Phone #	
Current School			
Parent/Guardian Na	ame	Phone #	<u> </u>
Schools(s) where I v	wish to volunteer	chool, you do not need to complete	this form).
			sroom helper, etc.)
volunteer activities	(ex: woll buddles, big bi		Si com neipel, etc.,
assignment in a resp privileges can be tal	ponsible matter. I agree t ken away if my behavior	o follow the instructions of teac does not meet district standard	nated day and time and will fulfill my volunteer chers or supervisors and know that my volunteer is. Date Date
Applicant Signatur	E	28	
To Be Completed	by Parent/Guardian of	f Student	
☐ I give my permi	ssion for this student to	volunteer in the Coupeville Sch	ool District.
Parent/guardian s	ignature (if applicant i	s under 18)	Date
To Be Completed	l by Principal or Design	ated Representative of Princ	ipal at Student's Current School
☐ I would recom	mend this student as a v	olunteer.	
Signature of Princ	ipal or designee		
Printed Name			Date
Notes/other			

Please return completed form to the school office. You can also mail completed forms to: Coupeville School District, 501 S Main Street, Coupeville, WA 98239