

TOOLS

Community Service and Volunteer Application

This application should be filled out completely by the student with the assistance of a parent or guardian. Application must include parent's signature of approval.

Student's Name: _____

Return to: _____

Teacher's Name

Room #

Community Service / Volunteer: perform unpaid public services as a way to gain occupational experience. Students should be considered volunteers only if their intent is to donate their services to religious, charitable, government or nonprofit organizations for the public good. The service will also match up with students' individual career and academic plans.

Student Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone : () _____ Email Address: _____

Social Security No.: _____ Birth date: _____

Why do you want to enroll in this program? _____

List two ICAP careers you would like to pursue.

1. _____

2. _____

Do you have any physical limitations and/or chronic ailments? Yes No

If yes, please explain. _____

What are your hobbies? _____

Transportation

What means of transportation will you use to get to and from your community service/volunteer opportunity?

- Own car Parents will drive & pick up Parent's car
 Other (please explain) _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address (if different from student): _____

City: _____ State: _____ ZIP: _____

Telephone : () _____ Email Address: _____

I approve of the above transportation plan that will enable my son/daughter to participate in the community service/volunteer program.

Parent/Guardian Signature: _____ Date: _____