

Academy of the Holy Names 2019 Summer on Bayshore Volunteer Agreement

Please print legibly and fill in all fields. Forms should be returned to Ms. Chase's office, Mrs. Franks' or mailed in, by **May 1, 2019**. Once the form has been completed and returned, the student and parent will receive an email requesting the completion of information, work preference via a Google Form to be completed no later than **May 15, 2019**. If you have any questions regarding the Summer on Bayshore Volunteer Program please contact Courtney Franks, cfranks@holynamestpa.org or Beth Chase bchase@holynamestpa.org.

Student Name: _____ **Parent Phone Number:** _____

Student Academy Email: _____

Parent Email: _____

Program Volunteer responsibilities:

- Serve as a positive role model for the campers and a positive representative for the summer program
- Lead by example and dress appropriately for camp
- Help organize and participate in games, activities, etc.
- Help to organize morning meeting, recess games, and free sports time
- Be present 10 minutes before and after your shift to assist with setup, cleanup or transition needs
- Work each day you are schedule and call in to school if an absence is unavoidable
- Sign-in and sign-out each day
- Assist in the supervision of a specific group of campers
- Accompany campers on field trips, if necessary
- Assist with lunch and recess
- Participate in activities with the campers
- Limit use of cellphone usage during shift by placing in designated area until break
- Assist in supervising campers while in the pool or pool area as well as transition to different spaces
- Attend orientation training prior to camp. Schedule TBD

Student Commitment:

I will be responsible for understanding and following the policies and procedures for Summer on Bayshore and the volunteer responsibilities outlined above.

Signature of Student: _____ Date: _____

Parent/Guardian Consent and Authorization:

I hereby give my consent for _____ (student's name), grade _____ (fall 2018), to participate in the student volunteer activities that are part of the Academy of the Holy Names Summer Program. I will be responsible for discussing with my child the volunteer responsibilities outlined above. I hereby consent to give the Academy of the Holy Names permission to use my child's photograph in school publications, the school's web site and/or school publicity.

Printed Name Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Teacher/Staff Recommendations (Current 2018-2019 Academy students only):

1. _____
Printed Name Signature Date

2. _____
Printed Name Signature Date