## Lake Washington School District

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



Today's Date//_	
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Gender	Date o	f Birth//	
Full name			
f	irst	middle	last
Address		City	StateZIP
E-mail		Pł	none #
Current School			
Parent/Guardian Name		Phone	#
School(s) where I wish t	o volunteer		
(Please note: If you plan	to volunteer only a	it your own school, you do not	need to complete this form).
Voluntoor activities (ov:	montoring roading	g 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. I understand that names of approved volunteers may be released to LWSD PTSAs, upon request, for the purpose of recruiting volunteers or verifying approval status for school activities.

Manual signatures are required for this form.

Applicant signature	Date	
To Be Completed by Parent/Guardian of Student		
□I give my permission for this student to volunteer i	in Lake Washington School District.	
Parent/guardian signature (if applicant is under 1	8)	
Date		_
To Be Completed by Principal or Counselor at Studer		
$\Box$ I would recommend this student as a volunteer.		
Signature of Principal or Counselor		
Printed Name	Date	

Please return completed form to the school office. You can also email completed form to <u>volunteers@lwsd.org</u> or mail completed form to: Lake Washington School District, Attention: Volunteer Office, P.O. Box 97039, Redmond, WA 98073-9739.