



VOLUSIA COUNTY SCHOOLS

Youth Partnership Program Sign-In Sheet



(To be submitted to the school Youth Partnership Program Coordinator before the end of each semester.)

Student's Name: _____	Student's Alpha Code: _____
Volunteer Site: _____	Year of Graduation: _____

Date	Activity	Arrival	Departure	Hours

Total Hours: _____

I VERIFY THE ABOVE HOURS ARE ACCURATE.	
Student's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Site Designee/Representative's Signature: _____	Date: _____

YPP Coordinator Initials: _____ Recorded Date: _____



Volusia County Schools
Youth Partnership Program Agreement
 Volunteer/Partnership Programs



PLEASE PRINT LEGIBLY

Submit this completed form to your school prior to volunteering along with the Sign-In Sheet.

STUDENT INFORMATION:	(To Be Completed by Student)
NAME: _____ STUDENT ID: _____	
ADDRESS: _____	
Street	City
Zip	
SCHOOL: _____ HOME/CELL PHONE: (_____) _____	
PARENT/GUARDIAN'S NAME: _____ PARENTS' DAYTIME PHONE: (_____) _____	
CIRCLE ONE: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATION YEAR: _____	
PREVIOUS VOLUNTEER EXPERIENCE: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO I have attended volunteer training by my Youth Partnership Program (YPP) Coordinator. I agree to fulfill the duties and time commitments as listed in the organization's volunteer job description, including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the rules of the organization for which I will be volunteering and to abide by the procedures, including any record keeping required to maintain the confidentiality of organization and client information.	
➔ STUDENT'S SIGNATURE: _____ DATE: _____	

ORGANIZATION INFORMATION:	(To Be Completed by Organization's Supervisor of Student Volunteer)
NAME OF ORGANIZATION/AGENCY/SCHOOL PROJECT: _____	
ADDRESS: _____	
Street	City
Zip	
CONTACT PERSON: _____ TITLE/POSITION: _____	
(Contact person must verify the volunteer's hours and the quality of the volunteer's work.)	
PHONE: _____ E-MAIL: _____	
OPERATING HOURS: _____ WEBSITE: _____	
COMMUNITY SERVICE SITE: _____	
VOLUNTEER JOB DESCRIPTION: _____	
➔ CONTACT PERSON'S SIGNATURE: _____ DATE: _____	

PARENT OR GUARDIAN INFORMATION:	(To Be Completed by Parent or Guardian)
I have read and fully understand the volunteer job description above and know the expectations for my son/daughter and hereby request and approve that _____ participate in the Youth Partnership Program. I understand and hereby give my approval for my son/daughter to participate in volunteer activities of the Youth Partnership Programs that take place on or off school property, during or after school hours. When volunteering through the Youth Partnership Program, I understand that I am totally responsible for my son/daughter's participation and transportation. I, for the above named student and/or undersigned, hereby release from all liability and agree not to sue the School Board of Volusia County, its employees, or agents for any and all loss or damage, and any actions, claims, demands, costs, or expenses therefore, which the above named student or I may have arising out of or which are in any way connected with my son/daughter's participation in the Youth Partnership Program, including transportation to and from the activity.	
➔ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____	

➔ **SCHOOL BASED YPP COORDINATOR:** _____ **RECEIVED DATE:** _____