

Students must submit a Request to Volunteer Form **before volunteering with an agency** when the agency does not appear on Helper Helper. Only hours completed after the approval of request will be credited to the student.

Section A *(Section to be completed by Agency Personnel, agency must also complete attached rubric.)*

Name of Agency: _____ Phone No. _____

Address of Agency: _____ City: _____ State: _____ Zip: _____

Supervisor Name: _____ Title: _____

Organization Email (This email will be used for hour verification): _____

We are able to verify student's hours electronically using Helper Helper. ____ Yes ____ No

Would you like to be added to our agency list on Helper Helper? ____ Yes ____ No

Description of service: _____

Description of population served: _____

I agree that all information on this form is accurate to the best of my knowledge and have reviewed the guidelines for appropriate student volunteer activities. (Please see below and BASD Board Policy 100.139 for further information.)

Agency Supervisor Signature _____ Date: _____

Section B: *(to be completed by student and parent/guardian)*

Student Name: _____ ID: _____ FHS / LHS

Email Address: _____ Grade: _____ Year of Graduation: _____

Hours will NOT be awarded for activities that displace paid employees, support for-profit business, or support agencies whose volunteer activities may support political organizations, religious instruction, or proselytizing. This means that hours will not be awarded for any form of participation in a worship service, including but not limited to participation in a church choir or worship service music ensemble, ushering for religious services, teaching religious education classes, live streaming services, or any other activity occurring during a worship service or religious ceremony. Hours MAY be awarded for activities such as assisting in a religious-sponsored food pantry or helping to clean a place of worship. A complete listing of the Community Service Program Guidelines can be found on the BASD website at <https://www.basdschools.org/commser>. If you are unsure if an activity will be awarded hours, please consult with the Community Service/Service Learning Coordinator **before** completing volunteer hours.

I have read and agreed to the above and agree as follows:

- To submit all required BASD Community Service Program paperwork, including required parental/guardian waivers, prior to participating in the program.
- To record all hours accurately for each day and have the time sheet verified by the agency site supervisor.
- To reflect on my experience by completing the reflection survey in Helper Helper.
- To be punctual and reliable, to dress appropriately for the volunteer work, and to maintain a professional attitude at all times.
- To inform my guidance counselor of any work-site problems and community service issues.

Student Signature: _____ Date: _____

I have had the opportunity to review the information found on the parent waiver pertaining to community service and and/or have this information explained to me prior to signing below. I have been given the opportunity to ask questions and all of my questions have been answered. By signing below, I acknowledge that the Bethlehem Area School District does not confirm the accuracy of nonprofit agency information provided to me by the District, including but not limited to nonprofit status, maintenance of child abuse clearances and criminal background checks for employees and/or volunteers, insurance coverage, and/or whether alcoholic beverages are served at nonprofit events. I further acknowledge that the Bethlehem Area School District does not monitor, oversee, direct, or supervise the nonprofit agency at which my student volunteers. I further understand and acknowledge that my son/daughter may be volunteering with an agency involving events at which alcoholic beverages may be served. I hereby and forever release, waive, discharge, and covenant not to sue the Bethlehem Area School District, its representatives, officers, employees, agents, volunteers, contractors, and/or assigns from liability from any and all losses, liability, costs and expenses (including reasonable attorneys' fees) arising directly or indirectly from my student's participation in the BASD Community Service Program.

Parent/Guardian Signature: _____ Date: _____

Please print name of Parent/Guardian: _____