

Academy of the Holy Names Summer on Bayshore Volunteer Agreement

Student Name: _____ Grade (2024-2025): _____

By signing below you are agreeing to the following, please review with your parents before completing:

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 meetings, recess games, and free sports time
- Be on time or early for your shift, and stay for the entire shift.
- Work each day you are scheduled and call into school if an absence is unavoidable
- Sign in and sign out each day
- Assist in the supervision of a specific group of campers
- Assist with lunch and recess
- Participate in activities with the campers
- Assist in supervising campers while in the pool or pool area as well as transition to different spaces
- Attend orientation training prior to camp.

Phone Policy:

As a volunteer at Summer on Bayshore you agree to check-in your phone at the beginning of your volunteer shift. Full-day volunteers may check their phones at lunch and check them back in. All phones will be picked up at the end of your shift. Phones are not allowed in the vicinity of campers for their own safety and for no risk of unwanted content exposure.

Mandatory Volunteer Training:

As a volunteer, you agree to participate in one of the mandatory volunteer trainings. The dates offered were included on the sign-up.

Signature of Student: _____ Date: _____

Parent/Guardian Consent and Authorization:

I consent for my child (listed above) 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 website, and/or school publicity.

Printed Name Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

This form should be printed, completed, and returned at the volunteer training or dropped off before the training to the Auxiliary Programs office N123.