



Link Education Teen Volunteer Application

Please complete the application and return it to Link Education.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

E-MAIL ADDRESS: _____

NAME OF SCHOOL: _____

AGE (must be at least 13): _____ CURRENT GRADE: _____

WORK OR VOLUNTEER EXPERIENCE:

WHAT IS YOUR REASON FOR VOLUNTEERING?

___ for fun/work experience

___ to earn service hours for school (_____ hours needed, by _____)

___ to earn service hours for a special project (Explain: _____)

___ other (Explain: _____)

SCHEDULE:

Check All That Apply

July 11-15, 8:30-4:30 _____

July 18-22, 8:30-4:30 _____

Please specify any additional information about your schedule (e.g., days/times when you will not be able to volunteer):

My child has permission to volunteer for Link Education. I understand that my child must abide by all policies and procedures. I understand that Link Education cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization.

Parent/Guardian Name

Parent/Guardian Signature

Emergency Phone Number