

Escambia County Public Schools
Student Volunteer/Work Book Application and Approval Form

School: Booker T. Washington High School

Part A: To be completed by the student. Please print or type information.

Name: _____

Student Number: _____ Grade Level: _____

Address: _____

Student Cell Phone Number: _____

Student Pledge:

I agree and understand that I must:

- A. Volunteer or work according to the guidelines written in the Volunteer/Work Book and information obtained from the guidance counselors and/or principals.
- B. Record DAILY volunteer or work experience in the Volunteer/Work Book
- C. Obtain signature of the person who is supervising the activities.
- D. Pay \$5 for a replacement book.

I agree to adhere to all rules and abide by the procedures of the agency for which I will provide volunteer or work hours.

Student Signature: _____ Date: _____

Part B: To be completed by the parent/guardian. Please print or type information.

- A. I agree and understand the Student Pledge.
- B. I give my permission for (name of student) _____ to participate in volunteer or work hours.

Signature of Parent/Guardian: _____ Date: _____

For Office Use Only:

Book Administered By: _____ Date: _____