

Roberts Elementary Student Volunteer Application and Approval Form

A completed application and approval form must be submitted and approved by Roberts Elementary prior to starting volunteer service.

STUDENT NAME: _____

GRADE: _____

REQUESTED TEACHER PLACEMENT: _____

TEACHER RECOMMENDATION

**must be signed by a Roberts Elementary teacher*

I recommend the named applicant as a student volunteer.

Teacher Signature

Statement of Understanding

- I understand I must complete the online LCS volunteer form for the current school year.
- I understand my parent/guardian must walk me across the cross walk if they choose to pull into the front parking lot by buses.
- I understand I must sign in and out in the front office.
- I understand my volunteer time is from 8:00 - 8:45 am and I cannot be dropped off prior to 8:00 am and must leave Roberts' campus by 8:45 am.
- I understand I am not allowed to sit in the media center/office and wait until 8:45, even if I am done with my volunteering.
- I understand I must abide by the rules of Roberts Elementary.
- I understand if I do not abide by the rules and procedures set by Roberts Elementary, I will not be allowed to volunteer.
- I understand I must get a recommendation from an employee at Roberts Elementary in order to volunteer at the school.

Signature of Volunteer: _____

Date: _____

I, _____, the Parent or Legal Guardian of the student indicated on this form, understand and agree with all of the above and allow my student to volunteer at Roberts Elementary.

Signature of Parent/Guardian

Date

Notary Signature

Notary Stamp

Date

FOR OFFICE USE ONLY:

ASSIGNED TEACHER: _____

VOLUNTEER DAYS:

Monday	Tuesday	Wednesday	Thursday	Friday
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