



STUDENT VOLUNTEER REGISTRY

Student Information and Parental Consent

Name: _____

Address: _____

Phone: _____ Cell _____

Parents/Guardian Names

Parent/Guardian Phone: _____

Age: _____ D.O.B. _____

School: _____

Days/ Hours available to volunteer: _____

E-mail _____

I give my permission for _____ to perform community service at the Waverly Community House during the 2009/2010 academic year. I understand that all hours will be performed under the supervision of Comm staff and adult volunteers.

Parent/Guardian Signature

Please return this form to:

Maria Wilson, Executive Director, PO Box 142, Waverly, Pa 18471