

# Volunteer Application

This form can also be printed and mailed to 31 The Circle, Georgetown, DE 19947 or emailed to [Info@pathways-2-success.org](mailto:Info@pathways-2-success.org)

## Volunteer/Student Information

Last Name  
Street Address  
Phone Number  
Email

MI

First Name

What school do you attend?

- Cape Henlopen
- Milford
- Seaford
- Sussex Technical

What grade are you in?

- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>

In 4-5 sentences please explain your interest in volunteering. (open answer box)

## References

Reference #1:

Last Name  
Street Address  
Phone Number  
Email

First Name

How long have you known this person and in what capacity? (short, open answer box)

Reference #2:

Last Name  
Street Address  
Phone Number

First Name

Email

How long have you known this person and in what capacity? (short, open answer box)

### Volunteer Experience

Where have you volunteered previously and how many hours did you volunteer?

Start and End Date

From (month/year)                      To (month/year)

Please provide a brief explanation of what tasks you did while volunteering. (Open answer box)

### Parent Approval

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for \_\_\_\_\_ (Organization Name). I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by \_\_\_\_\_ (Organization Name) and that failure to do so may result in the Minor's immediate removal as a volunteer

Signature of Parent/Legal Guardian \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Phone Number(s) for Emergencies \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Printed Name of Volunteer \_\_\_\_\_

Date \_\_\_\_\_