

Summer Volunteer Program Volunteer Checklist

Thank you for your interest in volunteering at The Post Oak School this summer. As a current or former Post Oak student, you have become accustomed to providing community service and helping others. Volunteering at Post Oak is an exciting way to do both during the summer months.

- Please read the volunteer materials and forms carefully and review them with your parents/guardians.
- Please bring/send your completed volunteer packet to the Summer School Director.
- You must be a current or former Post Oak student and have completed your 7th grade year in order to participate in the program.

Assignments and schedules will be discussed during your meeting with the Summer School Director.

Check off each of the following items once completed:

- The application, completed neatly and legibly **by the applicant (and parent/guardian if volunteer is under 18 years of age)**
- The consent form signed **(by a parent/guardian if volunteer is under 18 years of age)**
- Emergency release form signed **(by a parent/guardian if volunteer is under 18 years of age)**; current students may request that a copy of the current ERF be provided
- Authorization for background check and fingerprinting **(if volunteer is 18 or older)**

Volunteer (printed name)

Volunteer Signature

Date

BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING GUIDELINES

- I hereby certify that all the information contained in this application is true and complete. I authorize The Post Oak School to contact all resources necessary to verify information. I understand that any misstatement or omission on this application is cause for loss of volunteer privileges.
- In submitting application to serve as a Post Oak School Summer Volunteer, I am aware that serving as a volunteer is a privilege, carrying with it trust-related obligations and high standards. I agree to fulfill my service commitment and to conform to ALL rules and regulations of the Summer Volunteer Program.
- I understand that my photograph may be taken for use in publications created by the Post Oak School, which is deemed appropriate. I am aware that I will not receive payment of any kind for my participation, and to grant Post Oak School the rights to use, regardless of my future association with these facilities for an unrestricted time.
- I shall hold absolutely confidential all information that I may obtain directly or indirectly concerning students, and not seek to obtain confidential information from a student.
- I will only interact with students with the acknowledgement of and approval of my summer supervisor. I will only interact with students in the company of other students and my summer supervisor.
- My services are donated to The Post Oak School without contemplation of compensation or future employment.
- I understand that I am to wear clothing appropriate under the Post Oak Middle School dress code and the supplied volunteer name tag at all times.
- I shall be punctual and conscientious, conduct myself with dignity, courtesy, and consideration for others, and endeavor to make my work professional in quality. I shall only report to work on the days agreed to by my summer supervisor.
- Should I have problems with my volunteer activities, I will contact the Summer School Director.
- I shall make my best effort to fulfill my commitment to the school by completing all assignments that I accept.
- I shall at all times uphold the Vision and Mission of The Post Oak School.
- I understand that the Volunteer Services department reserves the right to terminate my volunteer status as a result of:
 - Failure to comply with school policies;
 - Failure to meet my attendance commitment;
 - Unsatisfactory attitude, work, or appearance; or
 - Any circumstances which, in the judgment of the Summer School Director, would make my continued service as a volunteer contrary to the best interests of the school.

I have read each of the above guidelines. I understand them, and agree to be bound by them.

Applicant Signature

Date

Summer Supervisor

Date

I have read and understand that my son/daughter must adhere to the guidelines indicated above.

Parent/Guardian Signature

Date

Summer Volunteer Program
Parental Consent Form



Parent/Guardian: Please read and initial both authorizations below and sign.

_____ I hereby permit my son/daughter, named below, to participate in the Summer Volunteer Program at The Post Oak School.

_____ I hereby permit The Post Oak School to use photos of my son/daughter taken during volunteer service for school publications and media including, but not limited to the school newsletter, the school webpage, and the school social media sites.

Volunteer Name: _____ Date of Birth: _____

Relationship to Child: _____

Home phone number: _____ Work or cell phone number: _____

Parent/Guardian (printed name)

Parent/Guardian Signature

Volunteer Emergency Release Form



Please fill in any of the contact information listed below, then fill out the required medical information on the reverse side. This completed form must be on file at The Post Oak School in order to begin volunteering. Copies are available on our website at www.postoakschool.org.

Name of volunteer: _____

Date of birth: _____

PARENT/GUARDIAN CONTACT INFORMATION

Address: _____

Home phone: _____

Relation: _____

Preferred email: _____

Cell phone: _____

Business: _____

Title: _____

Work email: _____

Work phone: _____

Relation: _____

Preferred email: _____

Cell phone: _____

Business: _____

Title: _____

Work email: _____

Work phone: _____

ADULTS AUTHORIZED FOR EMERGENCY CONTACT

Please list below the names and contact information for people who should be contacted in an emergency if we are unable to reach a parent/guardian. Authorized individuals will be contacted in the order listed below. If more than three contacts are needed, please attach another sheet.

Name 1: _____

Name 2: _____

Name 3: _____

Relationship: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Phone: _____

GENERAL INFORMATION

Name of volunteer:

Date of birth:

Known allergies:

Describe any particular sensitivity to air quality (ozone, particulates, etc.):

List injuries, serious illnesses, or hospitalizations within the past six months:

Other medical conditions:

EMERGENCY MEDICAL INFORMATION

Volunteer's physician:

Phone:

Emergency hospital preference:

Phone:

Person financially responsible:

Relationship:

Insurance carrier:

Group #:

Policy #:

List current medications:

AGREEMENT BY SIGNATURE

The signature(s) below confirm that I/we have received, read, and agree to the Summer Volunteer Program Guidelines provided by the school and included herewith, and that we have furnished full and correct information to the school on this form.

Parent/Legal Guardian (printed name)

Parent/Legal Guardian (printed name)

Signature

Date

Signature

Date