



Summer School Volunteer Application 2015

PLEASE PRINT

Date of Application: _____

Name: _____

Last

First

Middle

Home Telephone: () _____ Cell Phone: () _____ Email: _____

Address: _____

No.

Street

City

State

Zip Code

Your school of attendance: _____ Fall 2015 Grade level: _____

Briefly state why you would like to volunteer with Mercy Education Summer School:

Teacher Assistants: Mark 1st to 3rd choice:

1/2	June 29 to July 10	___	3/4	June 29 to July 17	___	5/6	June 29 to July 17	___
	July 13 to July 24	___		July 20 to Aug 7	___		July 20 to Aug 7	___
	June 29 to July 24	___		June 29 to Aug 7	___		June 29 to Aug 7	___

◆ Emergency Contact Information

Contact Name _____ Relationship _____

Day Phone _____ Evening Phone _____

Volunteer Statement

Please read carefully, sign and date below. (Minors please have parent sign)

If I am accepted into Mercy Education volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of Mercy Education.

I hereby release Mercy Education and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities related to my volunteering.

I am aware of the **MANDATORY** volunteer training session that I must attend on either June 22nd at 2pm or June 23rd at 10am (circle one date).

Applicant's Signature

Date

Parent's Signature

Date

If interested please return ASAP or by June 1st to Pat Friesen-Summer School Coordinator