



Mililani Waena Elementary School STUDENT VOLUNTEER PERMISSION FORM



(Return completed form to the school office one (1) week prior to volunteer service date)

Student's Name: _____

Present School: _____

MWES Supervising Teacher or Staff Member: _____

Location: _____ Date(s): _____ Start time: _____ End time: _____

AGREEMENTS AND PROCEDURES

While I am a student volunteer here at Mililani Waena Elementary (MWES), I agree to:

- Provide at least one (1) week notice to my supervising teacher or staff member prior to starting my volunteering and obtain their permission.
- Obtain my parent or guardian's permission to volunteer at MWES during the dates and times listed above.
- Be under the direct supervision of the MWES supervising teacher or staff member at all times while I am on campus as a school volunteer. Not leave campus before the end of the school day unless there is a written consent from my parent or guardian. Notify supervising teacher or staff member upon leaving for the day.
- Respect all information regarding the school as CONFIDENTIAL.
- Not use any school equipment unless I am properly trained and authorized.
- Follow and abide by all of the Department of Education and MWES rules, regulations and guidelines.
- Eat lunch in the cafeteria or in their supervising teacher or staff member's room.

Student's Signature: _____ Date: _____

I have read the agreements and procedures stated above. As a student volunteer I understand what is expected of me and I will be a responsible role model.

Student's Signature: _____ Date: _____

My child is covered by the following medical or insurance plan:

MEDICAL INSURANCE: _____ MEMBERSHIP #: _____

- I release the Department of Education and Mililani Waena Elementary School (MWES) from liability resulting from my child's participation as a student volunteer.
- In case of illness or injury to my child, I hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical, dental and related cost if incurred.
- My child is granted permission to provide student volunteer services according to the above stated agreements and procedures.

Parent or Guardian's Signature: _____ Date: _____

Contact numbers: Home: _____ Work: _____ Mobile: _____

I agree to serve as the supervising teacher or staff member while the above named student conducts volunteer services here at MWES.

Teacher or Staff Member's Signature: _____ Date: _____

Approved / Disapproved

Administrator's Signature: _____ Date: _____