



**STUDENT INFORMATION**

Full Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Grade Level: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Why do you want to volunteer at Nest Community Shelter?

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Do you need service hours for school or another program?  Yes  No  
If yes, how many hours? \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Contact Name (if different): \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_



## AVAILABILITY & INTERESTS

What days are you available to volunteer? (Check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What times work best for you? \_\_\_\_\_

Which volunteer activities interest you? (Check all that apply)

- Serving meals
  - Organizing donations
  - Assisting with special events
  - Cleaning and facility upkeep
  - Other (please specify): \_\_\_\_\_
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## PARENT/GUARDIAN CONSENT & LIABILITY WAIVER

I, the parent/guardian of \_\_\_\_\_ (student's name), give permission for my child to volunteer at Nest Community Shelter. I understand that volunteering involves various activities and that the shelter will provide guidance and supervision. I acknowledge that my child must follow all safety protocols and shelter policies.

I release Nest Community Shelter, its staff, and affiliates from any liability related to injuries or incidents that may occur while volunteering.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_