



## Summer Volunteer Application

### – Addendum for Applicants under 18

**Instructions:** Complete Page 1 and 2 and return to CASA with Summer Volunteer Application

Volunteer Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City Zip

(IF APPLICABLE) Student Status: Fr\_\_\_\_ So\_\_\_\_ Jr\_\_\_\_ Sr\_\_\_\_ Other \_\_\_\_\_

Name and Location of School \_\_\_\_\_

#### Academic and Behavior Standing

*To be completed by two (2) classroom teachers and the school administrator*

*By signing below, I confirm that the above named student is in good academic standing and has no history of misconduct. I confirm that this student, to the best of my knowledge, has demonstrated the responsibility and commitment required to be a volunteer at Summer CASA at Hope College.*

Teacher Name	Subject Area	Signature / Date	Comments
1.			
2.			
Administrator Name	Title	Signature / Date	Comments

Parent Completion on Page 2

OVER



**Summer Volunteer Application**  
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*Continued*

**To be completed by parent or legal guardian**

Student Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

I. Emergency/Medical

A. Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

B. Emergency Contact Name and Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Permissions

**Medical**

*In case of an emergency and I am not able to be reached, the CASA staff has my permission to obtain necessary medical assistance for my child.*

**Publicity**

*I give permission for CASA to use my child's image (photos, digital, and video), voice recordings, and written materials during his/her affiliation with CASA.*

**Program Participation**

*I give permission for my minor child to serve as a volunteer at CASA at Hope College.*

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

**Return with completed Volunteer Application to:**

**263 College Avenue, Graves Hall, B-40**  
(616) 395-7944      casa@hope.edu

**PO Box 9000      Holland, MI 49422-9000**  
www.hope.edu/casa

