



# Bulldog Buddies Volunteer Application

(Galena High School)

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_

Current year in school \_\_\_\_\_ Seminar Teacher \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Relationship \_\_\_\_\_ Email \_\_\_\_\_

What skills, interest and activities would you like to share in volunteering? \_\_\_\_\_

Specific school to volunteer or grade level \_\_\_\_\_

**Please list two personal references (one from school and one from the community).**

Name of School Reference \_\_\_\_\_ Position \_\_\_\_\_

Name of Community Member \_\_\_\_\_ How long acquainted \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell \_\_\_\_\_

Have you ever been convicted of, plead guilty to or been placed on diversion of the following:

- Any criminal or municipal ordinance violation Yes \_\_\_ No \_\_\_
- DUI/DWI Yes \_\_\_ No \_\_\_
- Is your driver's license currently suspended Yes \_\_\_ No \_\_\_
- Any other offense involving alcohol or drugs Yes \_\_\_ No \_\_\_
- Any offense involving cigarettes or tobacco Yes \_\_\_ No \_\_\_

*If yes to any of the above, please provide date, description, explanation and state in which each incident occurred.*

APPLICATION

**RELEASE TO DRIVE/TRAVEL**

Name of Parent/Guardian \_\_\_\_\_ give my consent that my High School son/daughter \_\_\_\_\_ may commute between his/her High School and the Elementary School in which he/she volunteers without compensation. Furthermore, in consideration of my student being allowed to participate in Bulldog Buddies, I hereby release and discharge Galena USD 499 School District and Bulldog Buddies any claim or liability in the event my student is injured while commuting to volunteer as a Bulldog Buddy, including any claim asserting any such injuries are the result of negligence or fault by the School District.

**RELEASE FOR PHOTO/VIDEO**

Name of Parent/Guardian \_\_\_\_\_ give my consent that photographs or videos of my High School son/daughter \_\_\_\_\_ may be used by Bulldog Buddies for news articles, audio-visual production, television, website, etc. without compensation. I hereby consent that such photographs, video negatives or slides shall be the sole property of Bulldog Buddies.

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

**Please complete and return to your school Bulldog Buddies Coordinators.**