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AME & ADDRESS OF SCHOOL	NAME, EMAIL & PHONE NUMBER OF SCHOOL PRINCIPAL
	OF BIRTH TELEPHONE NUMBER SEX: M F
NO. 0	of Years at ADDRESS? E-MAIL ADDRESS
SIGNED SCHOOL/LOCATION:	TOP 3 ACADEMIC SUBJECT AREAS: 1. 2. 3.
KPERIENCE AND TRAINING (Special Skills/Abilities)	
indefinite period. I understand that this waiver applies only t	itionship, Phone Number) its for services rendered as a volunteer worker on a "without compensation basis" for remuneration (compensation) for specific services rendered in the Educate Americ t may be canceled by either party upon written notice.) I hereby accept the volunte
pointment(s) as outlined above.	
	Volunteer Signature Date
horoby appoint this applicant as an Educato Amorica Inc.	(EAI) volunteer without-compensation volunteer subject to the provisions on the
	assignment specific orientations which have been documented in the official volunte
pplication. The above individual has been provided basic and	assignment specific orientations which have been documented in the official volunte EAI Volunteer Program Manager - Appointing Official Date Date
pplication. The above individual has been provided basic and	EAI Volunteer Program Manager - Appointing Official Date
pplication. The above individual has been provided basic and	EAI Volunteer Program Manager - Appointing Official Date Signature OFFICE USE

NOTE TO STUDENTS AND PARENTS: Educate America, Inc. is a registered 501(c)(3) in the state of Virgnia. Our employees and volunteers come from diverse backgrounds. Our mission is to bridge the gap in educational opportunities and mentorship for low-income and underserved students from preschool through high school. Educate America, Inc. partners with public schools, parents, and community stakeholders to provide tutoring and mentoring programs that emphasize literacy, critical thinking and entrepreneurial-focused STEAM programs for Title I and underserved youth.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of the Educate America, Inc. (EAI) Student/Teen Volunteer Program or Handbook, and to respect the confidentiality of information pertaining to the students, parents, volunteers and staff participating in our after-school and summer programs. If a student, staff member, volunteer, and/or parent is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my team leader or EAI staff member.

Signature_____

Date _____

PARENT/GUARDIAN: The above-named student has my consent as the student's parent/guardian to serve as a Student Volunteer in this Educate America, Inc. (EAI) Junior Volunteer Program. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the EAI Junior Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature_____

Date _____