



33479 Lake Road, Suite C
Avon Lake, OH 44012
Phone: 440/933-5639
www.aalcrs.org

Date: _____

Appt. Date: _____

Date Started: _____

High School/Middle School

STUDENT VOLUNTEER APPLICATION

(Please print clearly and complete all areas)

Personal Data

First Name: _____ MI: _____ Last Name: _____

Address Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Cell: (____) _____

Email: _____@_____ Birthday ____/____/____

Emergency Point of Contact: Name: _____ Phone: _____

Relationship: _____

Volunteer Information

Where would you like to volunteer?

Salvation Army bell ringing Help in pantry SOUPer Bowl Food Drive

Other: _____

Confidentiality Agreement

Community Resource Services must safeguard our clients' right to privacy by treating and protecting all information as CONFIDENTIAL. Therefore, I shall safeguard and treat as confidential, any and all information (whether acquiring through verbal communication, written records or observation) regarding any client, which I may receive through my affiliation with Community Resource Services as a volunteer.

I have read and understand this STATEMENT OF CONFIDENTIALITY.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____