



School Volunteers
for New Haven, Inc.

Making a difference
in our public schools.

Student Volunteer Application

New Haven Public Schools

Ms. ___ Mr. ___ Name: _____

Mailing Address: _____

Permanent Address: _____

Phone (H): _____ Phone (W): _____

Emergency Contact: _____ Relationship: _____ Tel. #: _____

School/University Attending: _____ Graduation year: _____

Volunteer Placement: _____

Volunteer Start Date: _____ End Date: _____ # of hours: _____

Parent/Guardian permission required for students under 18 years of age.

Parent/Guardian Name: _____ Tel. #: _____

Parent/Guardian Signature: _____ Date: _____

I certify that the information provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application will result in dismissal.

Student Signature: _____ Date: _____

