

GARDEN CITY SUMMER ENRICHMENT PROGRAM VOLUNTEER AIDE FORM

1. Please **complete all items** and return the section below to Mrs. Patricia Lupo, Summer Enrichment Program, 56 Cathedral Avenue, Garden City, N.Y. 11530 by **June 2**. Late or incomplete applications may not be processed.
2. The program will take place at Stratford Avenue School this summer.
3. **Applications will be accepted according to the order of their receipt. You must have completed Grade 6 or beyond by June 30, 2014 in order to be considered.**
4. All grade levels, areas and sessions must be covered. Please remember that you are volunteering to help us have a successful program. We will place you in an area where we will need your assistance.
5. A letter of commendation, listing the number of hours you volunteered, will be sent to your school for placement into your file.
6. Volunteer hours are 8:45 am - 12 noon.
7. If you have questions or need to report a change in your availability our phone number is 478-1540.
8. Thank you for volunteering. We truly appreciate your help. Without our volunteers the program would not be the same.

Please note: Due to the overwhelming number of volunteer applications we receive each year, we are limiting the number of weeks a student may volunteer to one week. This will allow a greater number of students an opportunity to volunteer. The number of volunteers needed depends on the overall program enrollment. Thus the number of volunteers has a limit. We accept applications in the order they are received.

Please save the above section for your reference.

-----PLEASE DETACH-----PLEASE DETACH-----PLEASE DETACH-----

****Please include a self-addressed stamped envelope with your application.**

PLEASE INDICATE YOUR PREFERENCE OF WEEK

WEEKS: (Check week (s) you are available)

Monday, July 7 – Friday, July 11 _____ Monday, July 14– Friday, July 18 _____

Monday, July 21 – Friday, July 25 _____ Monday, July 28 – Friday, July 31 _____

STUDENT NAME _____ AGE: _____ M _____ F _____
ADDRESS _____ HOME PHONE _____ GRADE _____
COMPLETED AS OF 6/30/14 (MUST BE AT LEAST 6TH GRADE) _____
SCHOOL AS OF 9/14 _____
ADDRESS OF SCHOOL _____
STUDENT SIGNATURE (required) _____

PARENT/GUARDIAN NAMES _____
MOTHER'S WORK PHONE _____ FATHER'S WORK PHONE _____
I give my permission for my child to volunteer for the Summer Enrichment Program.
PARENT/GUARDIAN SIGNATURE (required) _____

TWO ADULTS WHO MAY BE CONTACTED IF NEITHER PARENT CAN BE REACHED:
NAME _____ PHONE _____
NAME _____ PHONE _____

EMERGENCY RELEASE
In case of serious illness or accident, I request that I be contacted. If I cannot be reached, I authorize the Summer Program to call this physician to follow his/her instructions. If this physician cannot be contacted, Summer Program may make whatever arrangements are deemed necessary.

PHYSICIAN'S NAME _____ PHONE _____

PARENT/GUARDIAN SIGNATURE (required) _____ DATE _____