26920 Pioneer Highway, Stanwood, WA 98292

Phone: (360) 629-1200 Fax: (360) 629-1242

Our Promise – "Every student in the Stanwood-Camano School District is empowered to learn in an inclusive setting and is prepared for the future of their choice."

	STUDENT VOLU (For use by SCSD s	JNTEER APPLIC tudents in grades K-		
Today's Date//				
To Be Completed by Student				
Full Name	ame(First) (Middle) (Last)		Date of Birth/	
Address				
	Phone #			
	School(s) where I wish to volunteer			
Parent/Guardian Name	Phone #			
(Please note: If you plan to vol	unteer at your own school	ol, you do not need	to complete this f	form.)
Volunteer Activities (ex: mento	ring, reading help, math l	help, tutoring, etc.)	1	
volunteers to be responsible ar volunteer assignment in a resp that my volunteer privileges ca names of approved volunteers volunteers or verifying approve	onsible manner. I agree t n be taken away if my be may be released to SCSD	to follow the instrum havior does not me PTA/PTOs, upon refies.	ctions of teachers eet district standar equest, for the pur	or supervisors and know ds. I understand that
Applicant signature		•		
To Be Completed by Parent/G	uardian of Student			
O I give my permission fo	r this student to voluntee	er in the Stanwood	-Camano School Di	istrict.
Parent/guardian signature (if applicant is under 18)				Date
To be Completed by Principal	or Counselor at Student's	CURRENT School		
O I would recommend th	is student as a volunteer.			
Signature of Principal or Couns	selor			
Printed Name	Date			