

# NYSTAGE PRODUCTIONS STUDENT VOLUNTEER SERVICE APPLICATION

NYSTAGE PRODUCTIONS  
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Ms. Kasie Cavanagh - Director



*To be completed by student volunteer - PLEASE PRINT OR TYPE*

Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Student Pledge: *I agree to fulfill the duties and time commitments as listed in the agency job description including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the roles and procedures of the agency at which I am volunteering.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by parent/guardian - PLEASE PRINT OR TYPE*

I give permission for \_\_\_\_\_ to serve as a volunteer for the agency/project indicated above on the stated days and for the stated hours.

I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

We have accident insurance with \_\_\_\_\_ (name of insurance company) which will cover my son/daughter/ward in the event injury of while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury my son/daughter might suffer while participating in this activity. If any change occurs in the policy, it is my responsibility to notify the school's principal or Student Volunteer Service Program coordinator.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_